

REGISTRATION FORM

This information is important for your child's health and safety.
Please fill out each field completely.

DATES ATTENDING: Start Date _____ End Date _____ Total Weeks _____

STUDENT NAME: First _____ Middle _____ Last _____

PREFERRED NAME: _____ **CURRENT GRADE:** _____ Male Female

STUDENT ADDRESS: Street _____ Apt/# _____
City _____ State _____ ZIP _____

PRIMARY PHONE: _____ **DATE OF BIRTH:** _____
XXX-XXX-XXXX MM/DD/YYYY

FATHER'S NAME: First _____ Last _____ Lives with Student? Y N

ADDRESS: Street _____ Apt/# _____
(if different from student) City _____ State _____ ZIP _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____
XXX-XXX-XXXX XXX-XXX-XXXX XXX-XXX-XXXX

OCCUPATION: _____ **EMPLOYER:** _____ **CITY:** _____

EMAIL: _____ @ _____ Receive School Emails? Y N

MOTHER'S NAME: First _____ Last _____ Lives with Student? Y N

ADDRESS: Street _____ Apt/# _____
(if different from student) City _____ State _____ ZIP _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____
XXX-XXX-XXXX XXX-XXX-XXXX XXX-XXX-XXXX

OCCUPATION: _____ **EMPLOYER:** _____ **CITY:** _____

EMAIL: _____ @ _____ Receive School Emails? Y N

PLEASE LIST ALL KNOWN ALLERGIES/MEDICAL CONDITIONS:

PLEASE LIST ALL PRESCRIPTION MEDICATIONS THAT MAY NEED TO BE ADMINISTERED BY STAFF:

PHYSICIAN TO BE CALLED IN AN EMERGENCY: Name _____ Phone _____

SONRISE CHRISTIAN SCHOOL • INTERNATIONAL STUDY PROGRAM (CONT.)

EMERGENCY CONTACTS: Please list people authorized to take child from school and/or to be called in case of emergency.

First _____ Last _____ Relationship _____ Phone _____
First _____ Last _____ Relationship _____ Phone _____
First _____ Last _____ Relationship _____ Phone _____
First _____ Last _____ Relationship _____ Phone _____

PERSONS ABSOLUTELY NOT AUTHORIZED TO PICK UP CHILD FROM SCHOOL:

First _____ Last _____ Description _____
First _____ Last _____ Description _____

TRIP CONSENT: My child may go on field trips and excursions in transportation arranged by Sonrise Christian School.* Y N

By checking "NO", I understand that I am responsible for my child and/or providing alternate transportation during such events.

BY REGISTERING FOR SONRISE CHRISTIAN SCHOOL'S INTERNATIONAL STUDY PROGRAM, I AGREE TO THE FOLLOWING:

1. I agree to encourage obedience to the rules and regulations of the school. I will nurture modesty in dress and proper conduct on the part of my child. I understand that Sonrise Christian School will not tolerate dishonor to God or the Bible, use of profanity, pornography, obscenity in word or action, possession or use of drugs, alcohol, tobacco or weapons and disobedience or disrespect to the school staff.
2. I agree to support Sonrise Christian School in necessary discipline action.
3. I agree to withdraw my child from Sonrise Christian School if at any point I am not willing to support the standards or decisions of the school.
4. I agree to resolve disagreements with Sonrise Christian School in conformity with the Biblical injunctions of I Corinthians 6:1-8, Matthew 5:23-24, and Matthew 18:15-20. I agree that any claims or dispute arising out of, or related to, this agreement or to any aspect of the school relationship, including any claim or statutory claims, shall be settled by Biblically-based mediation. If resolution of the dispute and reconciliation do not result from such efforts, the matter shall then be settled by arbitration in accordance with the rules of procedure for Christian Conciliation of the Institute for Christian Conciliation. I agree that these methods shall be the sole remedy for any controversy or claim arising out of the school relationship or this agreement and expressly waive my right to file a lawsuit against Sonrise Christian School in any civil court for such disputes, except to enforce a legally binding arbitration decision.
5. I agree to meet all financial obligations related to my child's enrollment in Sonrise Christian School International Study Program including fees described on the current fee schedule and other incidental fees that may arise. I understand and agree that failure to meet our financial obligations in a timely manner may result in my child's suspension or dismissal.
6. Permission to Sonrise Christian School is necessary to dispense Tylenol or Coca-Cola Syrup (or a generic brand) to my child as needed.

Please Initial One: _____ Yes, I give permission _____ No, I do not give permission.

7. I hereby give permission for my child (above) to be photographed and/or filmed, and allow Sonrise Christian School to use for promotional purposes.

Parent's Signature _____ Date _____

Parent's Driver's License # _____

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