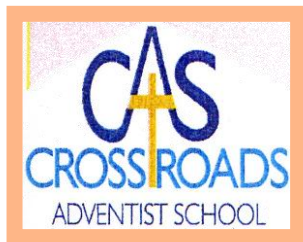


REGISTRATION PACKAGE

Crossroads Adventist School

(2010-2011)

We are a REACH Inclusion school—embracing all children who desire a Christian education, including those with learning differences and physical challenges. *Crossroads Adventist School is Your Choice for Character, Competence, and Creativity.*



3291 North St. Johns Lane

Ellicott City, Maryland 21042

Phone: (866) 715-7752

Fax: (410) 465-4627

Website: <http://www.crossroadsadventist.org>

Email: CASPrincipal@yahoo.com

Mailing Address: P.O.Box 2021, Ellicott City, 21041

Karohn Young

PRINCIPAL

REGISTRATION PACKAGE

Crossroads Adventist School

PRINCIPAL'S LETTER

Dear Prospective Students and Parents:

Thank you for your interest in Crossroads Adventist School, a pre-kindergarten through grade eight R.E.A.C.H. (Reaching to Educate All Children for Heaven) Inclusion school. We are committed to providing a well-rounded, biblically-centered curriculum for all children who desire a Christian education, teaching them to glorify God and benefit mankind. Our caring and committed teachers strive to uphold the highest levels of professional and personal standards.

Our focus is on three pillars of excellence:

- **Character Building:** proactive decision making based on a framework of integrity, love for God, and service to community.
- **Academic Competence:** excellence in scholastic achievement demonstrated by the ability to think clearly, logically, and independently.
- **Creativity:** a unique and valued expression of self within the larger context of humanity.

Our small class sizes encourage attention to the individual needs of each student. In addition to the standard academic curriculum, the following enrichment courses are offered: fine arts, visual arts, performing arts, modern languages, and public speaking. Each classroom has access to the Internet, and students use technology for enrichment, research, and projects.

This year, we have implemented several changes to the school-wide program. Please read the accompanying material carefully as information in the handbook is being updated. If you would like to tour the school or receive further information, please call our toll free number, 866-715-7752. We will be happy to meet with you and answer any questions you may have.

May God richly bless you.

Sincerely,



Karohn Young
Principal

REGISTRATION PACKAGE

Crossroads Adventist School

ADMISSION PROCESS

PHASE I:

	1	Submit Application Form with \$50.00 non-refundable Application Fee.
	2	Complete the Parent Questionnaire
	3	Submit 2 Student Recommendation forms from applicant's previous teachers
	4	Submit a copy of child's latest report card and standardized test results
	5	Submit results of any other testing (educational, psychological, behavioral, social, etc.)
	6	Sign Release of Records Request form
	7	Sign Consent to Testing form and make appointment for Placement Testing
	8	Interview

PHASE II:

Following acceptance of the applicant, the following documents must be on file:		
	1	Social Security Number (copy)
	2	Birth Certificate (copy)
	3	Health Inventory and Medical Examination Forms signed by healthcare provider
	4	Emergency Information Card and Emergency Consent to Treatment form
	5	Payment Agreement forms
	6	Computer / Internet Acceptable Use Contract form
	7	Field Trips / Textbooks' Agreement / Photo Agreement / Pickup Personnel Consent forms
	8	Student Talent Inventory form
	9	Continuing Consent to Treatment and Authorization to Release Information form
	10	Student Referral form
	11	Family Service contract
<i>☞ ☞ ☞ Also see School's Dress Code, Supply List, Conference Calendar, Flyers and Brochures.</i>		

REGISTRATION PACKAGE

Crossroads Adventist School

APPLICATION FORM

*** PLEASE PRINT ***

STUDENT INFORMATION

Full Legal Name—Last: _____ First: _____ Middle: _____

Grade: _____ Gender: _____ Age: _____ Date of Birth—Month: _____ Day _____ Year _____

Place of Birth: _____ Social Security Number: _____ - _____ - _____

Baptized? Yes No Seventh-day Adventist (SDA)? Yes No

Has your child ever been referred or tested for a learning difference? Yes No When? _____

Why? _____

What was the outcome? _____

Does your child have a 504 Plan or an IEP? Yes No Is it included? Yes No

Is your child taking any medication? Yes No Type: _____

PARENT INFORMATION

Mother/Guardian's Name: _____ Father/Guardian's Name: _____

Address: _____ Address: _____

Occupation: _____ Occupation: _____

Phone: Work _____ Work _____

Home _____ Home _____

Cell _____ Cell _____

Email: _____ Email: _____

SDA? Yes No Church _____ SDA? Yes No Church _____

EMERGENCY CONTACTS

Name: _____ Name: _____

Phone: Work _____ Work _____

Home _____ Home _____

Cell _____ Cell _____

Contract of Parent/Guardian: I agree to comply with the regulations and policies of Crossroads Adventist School as stated in the handbook or as shall be announced by the Principal and School Board during the year. I agree to assume financial responsibility for my child. I attest that all documentation contained herein and attached is factual, honest, and accurate.

Parent/Guardian's Signature: _____ Date: _____

REGISTRATION PACKAGE

Crossroads Adventist School

PARENT QUESTIONNAIRE – 1 of 2

1. Name of child: _____ Nickname: _____

2. Date of birth: _____ Age as of September 1: _____ years, _____ months

3. Names and ages of siblings:

a) _____ b) _____

c) _____ d) _____

4. Parents/guardians' names and occupations:

a) _____

b) _____

5. During the school week, the student lives primarily with: Mom Dad Both parents Godparents Other

6. Name and type of pet: _____

7. Please describe any health concerns, allergies, etc. of which the teacher should be aware: _____

8. Please check the appropriate column concerning your child's personality:

	Habitually	Frequently	Sometimes	Seldom	Rarely	Comments
a. considerate of others						
b. obedient / respectful						
c. self-confident						
d. joyful / cheerful						
e. focused / self-motivated						
f. honest						
g. organized						
h. social						
i. articulate						
j. an attention seeker						
k. aggressive / destructive						
l. distractible						
m. highly energetic						
n. stubborn						
o. fearful / anxious						
p. tearful						
q. easily discouraged						
r. shy						

REGISTRATION PACKAGE

Crossroads Adventist School

PARENT QUESTIONNAIRE – 2 of 2

9. How often is your child read to at home? _____

10. Is your child right-handed left-handed ambidextrous

11. Has your child ever been asked to withdraw or been expelled from any school? Yes No

Where and Why? _____

12. What concerns do you have concerning your child's academic experience? _____

13. Please describe the special talents, interests, hobbies, etc. of your child. _____

14. What is your child looking forward to this school year? _____

15. Is there any thing else that you would like to tell us about your child so that we can better meet h/er needs?

REGISTRATION PACKAGE

Crossroads Adventist School

STUDENT RECOMMENDATION – 1 of 2

(To Be Completed by Applicant's Previous Teacher and/or Principal)

Applicant's Name: _____ Entering Grade: _____

The items below ask for your sense of this student's emotional and social growth, intellectual development, and relationships with others. This recommendation is reviewed with the awareness that children continually develop and change as they grow. **All information that you furnish will be kept confidential.** On behalf of this student, we thank you for your cooperation.

Please return to: Crossroads Adventist School, Admissions Committee
P.O. Box 126, Ellicott City, MD 21041
or fax to: (410) 465-4627

Name: _____ Position: _____

What is your relationship to the applicant? _____ How long have you known the applicant? _____

In what area is the applicant most exceptional? _____

In what area does the applicant need the most improvement? _____

Does the applicant have any special academic needs, or has the applicant been evaluated for any physical, emotional, or academic reason? _____

Has the applicant had any discipline problems? _____

Would you categorize the parents' school involvement as:

cooperative indifferent overly protective antagonistic

In the following areas, is the applicant:

	Below Average	Average	Above Average	Exceptional
Math				
Reading				
Writing				
Organization				
Attention span				
Perseverance				
Critical thinking				
Honesty / Integrity				

REGISTRATION PACKAGE

Crossroads Adventist School

STUDENT RECOMMENDATION – 2 of 2

(To Be Completed by Applicant's Previous Teacher and/or Principal)

Please give us your appraisal of the applicant's...

Quality	Below Average	Average	Above Average	N/A
Energy and Initiative				
Leadership				
Responsibility				
Self-confidence				
Friendly				
Sense of Humor				
Concern for Others				
Reaction to Criticism				
Reaction to Setbacks				
Maturity				
Good Judgment				
Self-discipline				
Personal Appearance				
Attendance				
Respectful of Others				
Cooperative				
Self-motivated				

Overall Rating: Highly Recommend Recommend Recommend with reservations Do not recommend

May we contact you for further information? Yes No

The following question should be completed by the administrator or the treasurer:
Have all financial obligations to your school been fulfilled? Yes No

This form was completed by...

Name: _____ Title _____

Institution: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Please return the completed form to: Crossroads Adventist School
Attention: Admissions Committee
P.O. Box 126
Ellicott City, MD 21041

REGISTRATION PACKAGE

Crossroads Adventist School

RELEASE OF RECORDS REQUEST

*** PLEASE PRINT ***

I, the undersigned parent/guardian of the following student(s):

a) _____

b) _____

c) _____

do hereby authorize:

Name of last school attended: _____

Phone Number: _____

Fax Number: _____

Address: _____

Contact Person: _____

to release all cumulative records:

- Transcripts
- Immunization
- Test results
- Psychological Evaluation
- Behavioral Information
- 504 Plans and IEPs
- Other necessary records for academic assessment

Records to be sent to: Crossroads Adventist School
Attention: Admissions Committee
P.O. Box 126
Ellicott City, MD 21041

Phone: (866) 715-7752

Fax: (410) 465-4627

Parent/Guardian's Signature _____ Date _____

REGISTRATION PACKAGE

Crossroads Adventist School

CONTINUING CONSENT TO TESTING

Testing is requested to determine your child's academic progress so we can best serve his/her needs. This is not to be considered a complete battery of tests, but it will help the teachers evaluate and meet your child's individual needs.

The test may include:

- Achievement
- Cognitive Ability
- Developmental Maturity
- Concentration and Focusing Ability
- Learning Disability
- Mental Age
- Readiness
- Other _____

If your child has had any prior testing of this kind, it is important for the school to have a copy of the testing results so additional testing is not administered unnecessarily.

I give permission for Crossroads Adventist School to test my son/daughter during the registration process and at any time s/he is enrolled here. I understand that after the testing results are completed, I will be notified and a meeting will be held to discuss the results.

Name of Student(s):

Entering Grade:

Age:

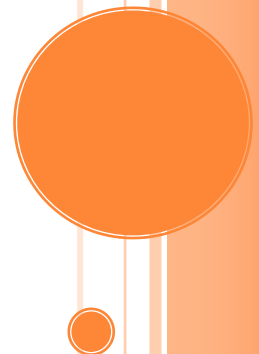
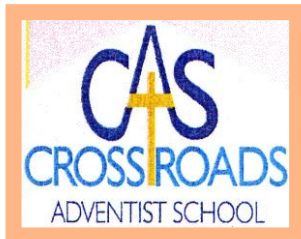
Parent/Guardian: _____

Home Phone: _____ Cell Phone: _____

Signature: _____ Date: _____

PHASE II

Crossroads Adventist School



REGISTRATION PACKAGE

Crossroads Adventist School

HEALTH INVENTORY

(To Be Filled Out By the Applicant's Doctor)

This form is to be completed and signed by the student's physician, pediatrician, or nurse practitioner. For admission to Crossroads Adventist School, this form must be completed by every **new** student, and every student entering the **first**, **fourth**, or **seventh** grade.

Student's Full Name—Last: _____ First: _____ Middle: _____

Date of Birth—Month: _____ Day: _____ Year: _____

Healthcare Provider's Name: _____ Signature: _____

Healthcare Provider's Phone Number: _____ Evaluation Date: _____

HEALTH EVALUATION

1. Does this child have a health condition(s) which may require EMERGENCY ACTION while he/she is at school (e.g., seizures, asthma, insect sting allergy, bleeding problem, diabetes, heart problem)? Yes No
If yes, please describe: _____

2. Is there any evidence for concern in the areas listed below?

Health Area	Yes	No	Comments (please complete if "Yes")
Vision			
Hearing			
Dental			
Speech / Language			
Physical Illness or Impairment			
Mental, Emotional Problems			
Development			
Allergies			
Nutrition			

3. Tuberculin Test—Date of most recent test: _____ Positive Negative

4. Is the student on long-term medication? Yes No If yes, please explain: _____

5. Should there be any restriction of physical activity in school? Yes No. If yes, please specify nature and duration. _____

REGISTRATION PACKAGE

Crossroads Adventist School

MEDICAL EXAMINATION – 1 of 2 (To Be Filled Out By the Applicant's Doctor)

Name: _____ Grade _____

Address: _____

Date of Birth: _____ Age: _____

Name of School: _____

Name of Doctor: _____ Date of Examination: _____

IMMUNIZATION STATUS

Give the date of each immunization or date of blood test to prove immunity.

	1 st Dose	2 nd Dose	3 rd Dose	4 th Dose	Additional doses needed at this time?	
					Yes	No
DTaP, DTP, DT Circle Choice				4 doses of diphtheria, tetanus, & pertussis or combined/ 3 doses for children over 7	Yes	No
Td				3 doses required for pupils 7 or older	Yes	No
Polio				3 doses for pupils less than 18	Yes	No
Measles			2 doses of 5 virus vaccine by first birthday	Proof of Immunity by positive blood test acceptable	Yes	No
Rubella		1 dose of 5 virus vaccine	Vaccine must have been given on or after first birthday	Proof of Immunity by positive blood test acceptable	Yes	No
Mumps		1 dose of 5 virus vaccine	Vaccine must have been given on or after first birthday	Proof of Immunity by positive blood test acceptable	Yes	No
Haemophilus Influenza Type B, HIB		1 dose of 5 virus vaccine	Vaccine must have been given on or after first birthday	Proof of Immunity by positive blood test acceptable	Yes	No
Hepatitis B			3 doses required for pupils 5 or older	Proof of immunity by blood test acceptable	Yes	No
Chickenpox		1 dose of 5 virus vaccine	Vaccine must have been given on or after first birthday	Proof of Immunity by positive blood test acceptable/ documented chicken pox disease	Yes	No
Pneumococcal (Prevnar/PCV7)		1 dose	Vaccine must be given to students less than 5 yrs to be enrolled in Preschool		Yes	No

Are there medical reasons for this child to be exempt from any of the above immunizations? Yes No
If "Yes", explain: _____

Results of Tuberculin Test: Positive Negative Type of Test: _____

Explain any Positive Results: _____

REGISTRATION PACKAGE

Crossroads Adventist School

MEDICAL EXAMINATION – 2 of 2 **(To Be Filled Out By the Applicant's Doctor)**

1. Is child subject to condition that may cause classroom emergencies, such as diabetes, fainting, allergies, asthma, etc? Yes No

Explain _____

2. Have there been any illnesses, accidents, operations or defects that limit this child's participation in classroom activities or PE? Yes No

Explain _____

3. Are there any vision or hearing defects for which the school could help compensate by seating or other action? Yes No

Explain _____

4. Are there any other defects for which the school could help by seating or other action? Yes No

Explain _____

5. Is there evident need for dental care? Yes No

Explain _____

6. Is there any reason for which this child should remain under a physician's periodic observation? Yes No

Explain _____

7. Physician's recommendations to school: _____

Signature of Physician: _____ Date _____

Name of Doctor's Office or Clinic _____ Phone No. _____

Address _____

REGISTRATION PACKAGE

Crossroads Adventist School

CONTINUING EMERGENCY INFORMATION CARD CONTINUING EMERGENCY CONSENT TO TREATMENT

EMERGENCY INFORMATION CARD

Family Name	First Name	Middle Initial	
Address	City	State	Zip Code
Parent or Guardian/ Home Phone	Cell Phone	Business Phone	
1 st Emergency Name/ SS#/ Home Phone	Cell Phone	Business Phone	
2 nd Emergency Name/ SS#/ Home Phone	Cell Phone	Business Phone	
Physician's Name	Office Address	Office Phone	
School	Teacher-Grade	Date Enrolled	

EMERGENCY CONSENT TO TREATMENT

In case of accident or of serious illness, the school will try to contact me at the numbers given on this card. If the school is unable to contact me, I hereby authorize a school teacher, principal, or nurse to take my child to the physician indicated in the emergency information. If it is impossible to contact this physician, the school representative may take my child to the nearest available hospital or to the person listed as an emergency name. This consent shall remain in continuous effect until revoked in writing and delivered to the school entrusted with the custody of said minor.

Signature of Parent or Guardian

Date

REGISTRATION PACKAGE

Crossroads Adventist School

PAYMENT AGREEMENT 2010-2011 – 1 of 4

Student _____ Grade _____

Parent/Guardian _____

SEVENTH-DAY ADVENTIST MEMBER					
Grade	Application Fee (Non-Refundable)	Registration Fee (Non-Refundable)	Annual Tuition	Monthly Tuition (9 months: Sept. – May)	Monthly Tuition (10 months: Aug. – May)
Pre-K through 8	\$50.00	\$350.00	\$4,950.00	\$550.00	\$495.00
2 nd Child	\$50.00	\$350.00	\$4,702.50	\$522.50	\$470.25
3 rd Child (and more)	\$50.00	\$350.00	\$4,455.00	\$495.00	\$445.50
COMMUNITY					
Grade	Application Fee (Non-Refundable)	Registration Fee (Non-Refundable)	Annual Tuition	Monthly Tuition (9 months: Sept. – May)	Monthly Tuition (10 months: Aug. – May)
Pre-K through 8	\$50.00	\$350.00	\$6,450.00	\$716.67	\$645.00
2 nd Child	\$50.00	\$350.00	\$6,127.50	\$680.83	\$612.75
3 rd Child (and more)	\$50.00	\$350.00	\$5,805.00	\$645.00	\$580.50
PAYMENT SCHEDULE					
	Monthly Payments				
<i>Bounced checks are subject to a \$30.00 return fee.</i>	9 Installments (September 1 – May 1): Tuition due by the 1 st of each month. Late fees may apply.				
<i>Application & Registration Fees due BEFORE student starts school.</i>	10 Installments (August 1– May 1): Tuition due by the 1 st of each month. Late fees may apply.				
	Before/After Care Charges (7:00 A.M. – 8:15 A.M., 3:45 A.M. – 6:00 P.M.): \$5.00 per hour. \$5.00 per 15 minutes after 6:00 p.m. Payment for Before/After care is due the preceding month, August through May. Any charges owed will appear on a Before/After Care monthly statement.				

REGISTRATION PACKAGE

Crossroads Adventist School

PAYMENT AGREEMENT – 2 of 4

I, _____, will be responsible for the costs of my children to attend Crossroads Adventist School, and I agree to pay in:

- 10 monthly payments (August 1 through May 1)
- 9 monthly payments (September 1 through May 1)
- 2 annual payments (Sept. 1 and January 1 —with a 2% discount)
- 1 annual payment (September 1 —with a 5% discount)
- Other (Please describe: _____
_____)

Note: If you select “Other,” you must review this form with CAS Finance Committee.

Parent/Guardian’s Signature _____

Date: _____

Telephone: _____ Best Time to Call: _____

Email Address: _____

CHURCH/ OTHER INSTITUTION SUBSIDY

_____ will be responsible for the costs of my child/ren to attend Crossroads Adventist School in the amount of _____ per month for _____ months. I will be responsible for paying _____ per month for _____ months. This arrangement will start on _____ and end on _____. My application and registration fees will be paid by _____ (Responsible Party) before my child starts attending school.

Signature of Pastor/President and Date: _____

Signature of Treasurer and Date : _____

Signature of Parent/Guardian and Date: _____

Signature of CAS Finance Committee Member & Date: _____

REGISTRATION PACKAGE

Crossroads Adventist School

PAYMENT AGREEMENT – 3 of 4

Parents with two or more children will receive a family account. Any payments made on the bill will be applied to the total, unpaid balance.

A student who has an unpaid balance from the previous school year will not be permitted to re-enroll until satisfactory arrangements for payment have been made. Students with outstanding accounts in another school will not be admitted to Crossroads Adventist School until clearance has been sent to Crossroads by that school.

Before a student can officially withdraw from Crossroads Adventist school, the parents and student must complete the Exit Procedure outlined below. Upon completion, CAS will provide grades, transcripts, and cumulative folders to parents/ guardians and other schools. Tuition will continue to be charged until formal notice has been made to the school of the student's withdrawal.

- _____ Textbooks/ school materials returned in good condition or
replacement costs paid
- _____ Lockers/ crates/ desks cleared out
- _____ Tuition paid in full
- _____ Aftercare bill paid in full

All final grades, quarterly progress reports, transcripts, and diplomas will be held by the school until the balance due on the family's account has been paid in full. Eighth grade students and kindergarten students will not be permitted to participate in graduation, class trips, or end-of the year activities if the family's account is not paid.

Parent Signature: _____ Date: _____

REGISTRATION PACKAGE

Crossroads Adventist School

PAYMENT AGREEMENT – 4 of 4

CAS Before/Aftercare Contract

Before/Aftercare Services (B/A Services) are offered Monday thru Thursday from 7:00 a.m. to 8:15 a.m., and 3:45 p.m. to 6:00 p.m. Friday, 7:00 a.m. to 8:15 a.m., and 2:30 p.m. to 5:00 p.m. at a cost of \$5.00 per hour. Any child picked up later than times specified above will be charged at a rate of \$20.00 per hour. All costs are billable in 15 minute increments.

Bi-weekly payment for B/A Services will be required. Failure to honor your commitment will exclude you from usage of these services until your account is brought current. CAS will not be responsible for children who are not allowed into the B/A program due to non payment. Parents will be responsible for making alternate arrangements to ensure the safety of their child(ren).

Please note that an account will only be considered current if all outstanding payment for all children has been made.

Please complete information required below.

I intend to utilize the B/A Services provided by CAS for the 2010/2011 School Year.

I do not intend to utilize the B/A Services provided by CAS for the 2010/2011 School _____ Year.

I anticipate using the following hours each week:

Check one:

5 Hours 10 Hours 15 Hours 20 Hours Other _____ Hours

A deposit in the amount of \$100.00 per child is required by August 12, 2010. The first payment will be due on August 30, 2010, based on actual hours used. Deposit will be refunded or applied to Family Account at the end of the school year.

Parent Signature: _____ Date: _____

Print Name: _____

REGISTRATION PACKAGE

Crossroads Adventist School

CONTINUING COMPUTER / INTERNET ACCEPTABLE USE CONTRACT

Name: _____ Grade Enrolled: _____

Use of the Internet provides great benefits to learners. Unfortunately, some materials accessible via the Internet may contain items that are illegal, defamatory, or offensive to some people. Access to the Internet is given as a privilege to learners who agree to act in a considerate and responsible manner. We require that learners and parents/guardians read, accept, and sign the following rules for acceptable online behavior as long as they are enrolled at CAS.

1. School and classroom rules for behavior and communications apply.
2. Network storage areas may be treated like school lockers. Network administrators may review files and communications to maintain system integrity and ensure that users are using the system responsibly. Users should not expect that files are completely private.
3. Violations may result in loss of access as well as other disciplinary or legal actions.
4. Disks will be provided to students by the school.
5. I agree that I will:
 - a. treat others the way I want to be treated
 - b. not send or display offensive messages or pictures
 - c. use good manners and courteous language at all times
 - d. not harass, insult, or attack others
 - e. uphold copyright laws
 - f. not use other individual's passwords and/or trespass other individual's folders, work or files
 - g. not use the network for commercial purposes
 - h. not waste time by engaging in activities that are not related to my academic learning, such as chain letters and instant messaging
 - i. shut down the computers correctly
 - j. never delete or erase the history list on my computer
 - k. not enter online chat rooms
 - l. install no programs on the computer
 - m. not play violent, sexual, or otherwise inappropriate games
 - n. never reveal the personal name, address, or phone number of myself or any other person without express permission from my instructor

I have read and understand the rules for acceptable online behavior and agree to comply. Should I violate the rules, I understand that I may face disciplinary action and lose network privileges at Crossroads Adventist School.

Student's Signature: _____ Date _____

As parent/guardian of the minor signing above, I grant permission for the above student to access network computer services such as email and the Internet. I understand that some materials on the Internet may be objectionable, but I accept responsibility for providing guidance to the above student both inside and outside of the campus setting, and for conveying standards for the above user to follow when selecting, sharing, and/or exploring information and media.

Parent/Guardian's Signature: _____ Date _____

REGISTRATION PACKAGE

Crossroads Adventist School

CONTINUING FIELD TRIPS / TEXTBOOK AGREEMENT / PHOTO AGREEMENT / PICK UP PERSONNEL CONSENT

Name: _____

Grade Enrolled: ____

FIELD TRIPS

During the years your child is enrolled at Crossroads, there will be several field trip opportunities. Notes will be sent home informing parents of the particular arrangements. School personnel will take all normal precautions to ensure safety. I further agree that, in the event of injury or accidental death, I will not hold the school or its personnel liable beyond the coverage provided by the school accident insurance policy when reasonable care and supervision have been provided. If I do not want my child to attend field trips, I will notify the school in writing.

"I do hereby grant permission for my child to attend field trips with Crossroads Adventist School."

Signature of Parent/Guardian: _____ Date: _____

TEXTBOOK AGREEMENT

Crossroads Adventist School loans your child the textbooks s/he uses throughout the school years that s/he is enrolled here. These books are loaned for a fee that covers the use of the books during the year. Should any of the books be lost or damaged, they will be charged to your account at the current replacement cost. At the end of the year, the books are to be returned to the teacher in good condition, with no marks in them.

"I have read the Textbook Agreement and will abide by these terms."

Signature of Parent/Guardian: _____ Date: _____

PHOTO AGREEMENT

"My signature below gives permission for my child's picture to be taken and posted for current and future school pictures, ID badges, yearbook, school advertisements, school website, school newsletter, and school/classroom display. If I do not want my child's picture posted, I will notify the school in writing."

Signature of Parent/Guardian: _____ Date: _____

PICK UP PERSONNEL

"I do hereby grant permission for the following persons to pick up my child or children from Crossroads Adventist School or the extended care program, if I am unable to do so personally. No one else pay pick up my child unless I inform the school through a phone call with a witness, a signed letter, or a court decree."

1. _____ 2. _____ 3. _____

Signature of Parent/Guardian: _____ Date: _____

REGISTRATION PACKAGE

Crossroads Adventist School

STUDENT TALENT INVENTORY

Name: _____

Thank you for enrolling at Crossroads Adventist School. We are planning an exciting educational program for you. Please list below the talents and skills you would be willing to share this year.

I. Are you a musical person? Yes No

Do you enjoy singing? Yes No

Do you sing in harmony? Yes No

What part do you sing? _____

Do you play the piano? Yes No

Have you ever played for a recital? Yes No

Do you play another instrument? _____

For how long have you studied this instrument? _____

II. Are you an artistic person? Yes No

Do you enjoy coloring? Yes No

Drawing? Yes No Painting? Yes No

Sculpting? Yes No

Arts and crafts? Yes No What kind? _____

III. Do you enjoy performing? Yes No

Do you enjoy acting? Yes No

Have you ever been in a play? Yes No What part did you play? _____

Do you enjoy mime? Yes No

Have you ever mimed? Yes No

Do you dance? Yes No What type of dancing do you do? _____

Have you ever performed in a puppet show? Yes No

Have you ever performed sign language to music? Yes No

IV. Do you enjoy creative writing? Yes No

Do you write poetry? Yes No

Have you ever been in a poetry contest? Yes No

Do you write stories? Yes No

Do you write skits? Yes No

V. Are you a mechanical person? Yes No

Do you enjoy making things? Yes No

What kinds of things do you like to make? _____

Do you like to design things? Yes No What kinds of things do you design? _____

VI. Are there other talents and skills that you are blessed with? Yes No

Please explain _____

REGISTRATION PACKAGE

Crossroads Adventist School

CONTINUING CONSENT TO TREATMENT AND AUTHORIZATION TO RELEASE INFORMATION

We, the undersigned parent(s) or guardian(s) of _____,
(Name of Student)

a minor, do hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor under the general or special instructions of our doctor, _____, M.D., or any physician the school or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above before any other physician is called by the school or other organizations.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize Crossroads Adventist School, or the physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

This consent shall remain in continuous effect until revoked in writing and delivered to the physician named above or to the school or organization entrusted with the custody of said minor.

WE hereby authorize any hospital, physician, or other person who has attended or examined the minor to furnish to the school insurance service, or its representative, any and all information with respect to any illness, medical history, consultation, prescriptions, or treatment, and copies of all hospital or medical reports. A photocopy of this authorization shall be considered as effective and as valid as the original.

Signature(s) of parent(s)/guardian(s): _____ Date _____
_____ Date _____

Witness: _____ Date _____

Medical Information	Name	Phone Number/ Policy Number	Address / Group #
Insurance			
Healthcare Provider			
Dentist			
Allergies			
Medication			

REGISTRATION PACKAGE

Crossroads Adventist School

STUDENT REFERRAL – 1 of 2

OVERVIEW

Thank you for taking pride in **Crossroads Adventist School (CAS): *Your Choice for Character, Competence, and Creativity!*** The student referral program rewards student families who refer other students to CAS.

GUIDELINES

- Referral award is \$100.00 per student that enrolls in CAS and attends the full school year.
- The referral award is granted at the end of the school year and can either be applied to the tuition bill or issued as a check from the school.
- Families with students currently enrolled in CAS are eligible for the referral fee.
- Only one student family may receive an award for a particular referral.
- Students within the same immediate family (siblings or step-siblings) are not eligible for a referral award.
- Fill out one form per family being referred.
- The parent/guardian/sponsor of the referred student must sign the **2nd page** of this page and include it with their application.

INFORMATION ABOUT REFERRING STUDENT FAMILY

Name		
Address		
Phone Number		
Students Enrolled	Names of Students Enrolled	Grades
	1.	
	2.	
	3.	
	4.	

STUDENTS REFERRED

Name of Parent/Guardian		
Address		
Phone Number		
Students Referred	Names of Students Referred	Grades
	1.	
	2.	
	3.	
	4.	

REGISTRATION PACKAGE

Crossroads Adventist School

STUDENT REFERRAL – 2 of 2

CONFIRMATION OF REFERRAL

I was referred to Crossroads Adventist School by _____

The following children will be attending Crossroads Adventist School for the
200__ - 200__ school year:

Names	Grades
1.	
2.	
3.	
4.	

Name of Parent/Guardian (*please print*) _____

Signature

Date

PLEASE RETURN THIS FORM WITH YOUR APPLICATION.