

BUNDY CANYON CHRISTIAN SCHOOL

TODAY'S DATE _____

DATE ENROLLED _____

Student's Full Name: _____
(First) (Middle) (Last) (Nickname)

Home Address _____
(Street) (City) (Zip) (Phone)

Age _____ Birth date _____ Birthplace _____

Grade Attended Last Year _____ Grade for which you are enrolling: _____

School Attended Last Year: _____
(Name) (Address) (City/Zip) (Phone)

Has your child ever been dismissed or suspended from any school? If yes, why? _____

Do you currently attend church? Regularly Occasionly Not currently attending

Who is your child living with? _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

Place of employment _____ Place of employment _____

Work phone _____ Work phone _____

Billing address if different from above _____

E-mail address _____

People to contact in case of emergency or illness:

| Name | Relationship to child | Home phone | Work# | Cell # |
|------|-----------------------|------------|-------|--------|
|------|-----------------------|------------|-------|--------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List any additional people who are able to pick your child up from school:

| Name | Relationship to child | Home phone | Work # | Cell # |
|------|-----------------------|------------|--------|--------|
|------|-----------------------|------------|--------|--------|

| | | | | |
|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

List any person who is **not allowed** to pick up your child:

Name _____ Relationship to child _____

Name _____ Relationship to child _____

Does your child have any physical disabilities? _____

Allergies (including bee stings)? _____

Is your child taking any medication? _____

Does it need to be administered at school? _____

Additional comments or concerns you would like us to know about: _____

MAY YOUR CHILD BE ADMINISTERED TYLENOL WITHOUT CALLING A PARENT OR GUARDIAN? YES NO

AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR

I (WE), THE UNDERSIGNED, PARENT(S) OF _____,

(STUDENT'S NAME)

A MINOR, DO HEREBY AUTHORIZE _____,

(SCHOOL NAME)

AS AGENT(S) FOR THE UNDERSIGNED TO CONSENT TO ANY X-RAY EXAMINATION, ANESTHETIC, MEDICAL OR SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE WHICH IS DEEMED ADVISABLE BY, AND IS TO BE RENDERED UNDER THE PROVISIONS OF THE MEDICAL PRACTICE ACT ON THE MEDICAL STAFF OF A LOCAL HOSPITAL, WHETHER SUCH DIAGNOSIS OR TREATMENT IS RENDERED AT THE OFFICE OF SAID PHYSICIAN OR AT SAID HOSPITAL, IT IS UNDERSTOOD THAT THIS AUTHORIZATION IS GIVEN IN ADVANCE OF ANY SPECIFIC AUTHORITY AND POWER ON THE PART OF OUR AFORESAID AGENT(S) TO GIVE SPECIFIC CONSENT TO ANY AND ALL SUCH DIAGNOSIS, TREATMENT OR HOSPITAL CARE WHICH AFOREMENTIONED PHYSICIAN IN THE EXERCISE OF HIS BEST JUDGMENT MAY DEEM ADVISABLE.

THIS AUTHORIZATION IS GIVEN PURSUANT TO THE PROVISIONS OF SECTION 25.8 OF THE CIVIL CODE OF CALIFORNIA.

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE UNTIL _____, 20_____,
UNLESS SOONER REVOKED IN WRITING, DELIVERED TO SAID AGENT(S).

DATE: _____ FATHER: _____

WITNESS: _____ MOTHER: _____

WITNESS: _____ LEGAL GUARDIAN: _____

NAME AND ADDRESS OF PERSONS WHO WILL CARE FOR CHILD IN AN EMERGENCY:

PARENT NAME: _____ ADDRESS _____ PHONE #: _____

NEAREST RELATIVE: _____ ADDRESS _____ PHONE #: _____

NEIGHBOR: _____ ADDRESS _____ PHONE #: _____

OTHER: _____ ADDRESS _____ PHONE #: _____

PHYSICIAN'S NAME ADDRESS PHONE #

FATHER'S EMPLOYER ADDRESS PHONE #

MOTHER'S EMPLOYER ADDRESS PHONE #

PLEASE LIST ANY DRUGS OR MEDICINES YOUR CHILD IS ALLERGIC TO:

LIST ANY HEALTH DISABILITIES: _____

ONLY THE FOLLOWING WILL BE PERMITTED TO PICK UP MY CHILD:

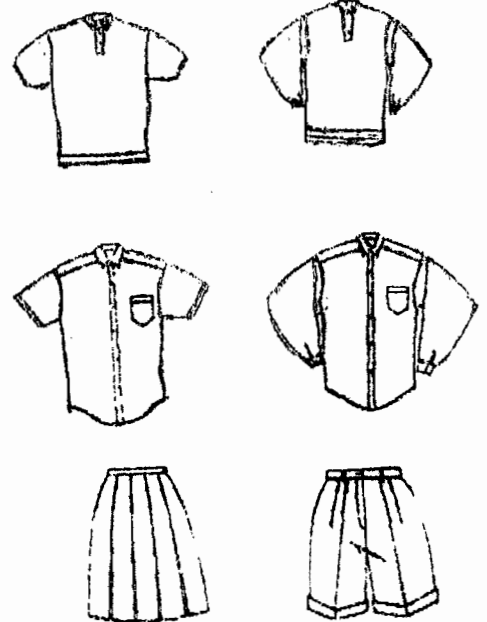
SCHOOL UNIFORMS

It is our desire, as a Christian school, to maintain a standard of dress that encourages students to behave and work at the best possible level. Beginning Aug 27, 2001, It will be the parent's responsibility to see that the student comes to school dressed according to the dress code. Students are not to change out of their school uniforms while on the school grounds except for changing into required P.E. clothes or clothes needed for a previously announced extra-curricular school activity.

UNIFORM REQUIREMENTS

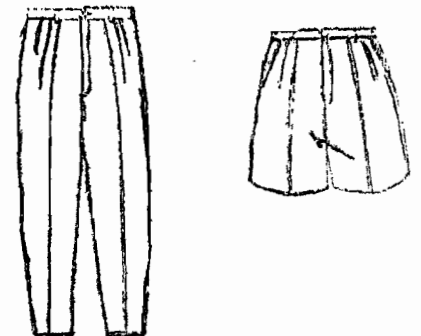
GIRLS: K & UP.

1. Navy Blue Skirts.
2. Twill pleated walking shorts, cuffed or uncuffed (Navy).
3. Twill pleated slacks (Navy).
4. Jumpers (Navy).
5. Button down oxfords (white).
6. Polo shirts (white).
7. All shirts must be tucked in.
8. Sandals with back straps are O.K.
9. No combat boots (all other shoes O.K.)
10. Hair must be neat (no shaved or partially shaved heads).
11. No sunglasses.
12. Sweaters in Navy Blue or school sweat shirts.
13. Ski Jackets, (Navy).
14. Wind breakers, (Navy).
15. No shirt may be used as a jacket or sweater.
16. Slacks must not touch the ground or be split on the sides.
17. Skirts and shorts, must be just above the knee.



BOYS: K & UP.

1. Twill pleated pants (Navy). Pants may not touch the ground/oversized or split on sides.
2. Twill walking shorts (Navy) Not oversized.
3. Button down oxfords (white).
4. Polo shirts (white).
5. All shirts must be tucked in.
6. Shorts must be just above the knee.
7. Sweaters in Navy Blue or the, B.C.C.S. Sweat shirt.
8. No oversized clothing.
9. No sun glasses at school.
10. Only middle school students may wear, B.C.C.S. caps.
11. Ski jackets and wind breakers, (Navy).
12. No combat boots (all other shoes O.K.)
13. Hair must be neat and no longer than the top of the shirt collar.
14. A regular shirt may not be used as a jacket or sweater.



PLEASE SIGN AND RETURN THIS PORTION

I AGREE TO COMPLY WITH THE BUNDY CANYON CHRISTIAN SCHOOL UNIFORM. I UNDERSTAND THAT I MAY BE CONTACTED AND REQUIRED TO PICK UP MY CHILD OR BRING OTHER CLOTHES IF MY CHILD COMES TO SCHOOL OUT OF UNIFORM.

PARENTS/GUARDIAN SIGNATURE

STUDENT'S NAME

BUNDY CANYON CHRISTIAN
CHURCH & SCHOOL
23411 BUNDY CANYON RD.
WILDOMAR, CALIFORNIA 92595
(909) 674-1254

Dear Parents:

According to the California Privacy Act, schools are not permitted to release names, addresses and/or telephone numbers to any group or organization requesting such information except for the news media without the consent of the parent.

Occasionally, we will be calling on parents for help with class parties, field trips and fund-raising activities. A room mother or other person in charge may need to contact you for help. In addition, at various times parents call to get phone numbers or addresses of their child's class mates for parties and/or other special occasions.

Please check your preference below, sign and return to the school office. Thank you for your cooperation.

Yes, you may release my information. My phone number is: _____

No, I do not want my child's name or phone number released.

Name of child: _____ Grade: _____

Parent signature: _____

“Enrollment Agreement”
Bundy Canyon Christian School
23411 Bundy Canyon Road
Wildomar, CA 92595

I understand that the standards of Bundy Canyon Christian School do not tolerate profanity, obscenity in word or action, possession or use of drugs, alcohol or cigarettes, dishonor to the Word of God, disrespect to the personnel of the school or the continued disobedience to the established school policies. I also understand that the school reserves the right to expel any student who fails to comply with the established regulations and discipline. (See Handbook)

I agree to uphold and support the high academic standards of the school by providing a place at home for my child to study and to give my child encouragement in arriving at school on time, attending classes regularly and completing classroom and homework assignments.

I understand that Bundy Canyon Christian School expects a high standard of conduct from its students and I agree to adhere to the discipline standards and dress code as set forth by the administration and as explained in the student handbook.

I understand that arrangements for tuition and other financial obligations must be completed before my child starts classes. The school financial policies are as follows:

*** ANNUAL PAYMENTS:** Full payment of tuition made directly to the school is due by July 1st. You will receive a 10% discount on the first child rate only.

Refund Policy: I understand if I withdraw my child before the end of the school year that I only will receive a 50% refund of the unused portion of tuition charge for the remainder of the school year.

*** INSTALLMENT PLAN:** All tuition installments are to be remitted at the BCCS office. Please be encouraged to mail in your payments.

10 payment plan: First payment due September 1

A LATE CHARGE OF \$15.00 WILL BE APPLIED FOR ANY PAYMENT RECEIVED AFTER THE 10TH OF THE MONTH AND FINANCE CHARGES WILL APPLY.

RETURNED CHECKS WILL BE CHARGED A \$10.00 FEE BY THE SCHOOL.

Monthly Refund Policy: I understand a **written notification** must be given to the school office 1 month in advance of withdrawing my child from school. Failure to give such notice will result in being charged for the entire month. (See price sheet for current rates and fees.)

Child's name

Parent or Guardian responsible for payment
(Signature Required For BCCS Enrollment)

Date

Bundy Canyon Christian School
23411 Bundy Canyon Rd.
Wildomar, CA 92595
674-1254

HEALTH HISTORY

Name of Child: _____ M _____ F _____ Birth Date: _____

To be filled out by the parent:

| Communicable Diseases | Date | New Student |
|--------------------------|-------|---|
| Measles (10-day Rubeola) | _____ | Immunization dates: Immunization records must be brought to school at the time of enrollment. Your child may not attend school unless all immunizations are current. 1st Grade Health Examination: Proof of 1st grade health exam must be brought to school within 3 months of enrollment into 1st grade. |
| Rubella (3 \-day German) | _____ | |
| Mumps | _____ | |
| Whooping cough | _____ | |
| Scarlet fever | _____ | |
| Rheumatic fever | _____ | |
| Polio | _____ | |
| Meningitis | _____ | |
| Encephalitis | _____ | |
| Tuberculosis | _____ | |
| TB in family | _____ | |
| Infectious hepatitis | _____ | |
| Chickenpox | _____ | |
| Others _____ | _____ | |

Please comment in regard to these factors of your child's health:

Exposure to tuberculosis: _____
 Serious injuries (give dates): _____
 Operations (give dates): _____
 Subject to headaches: _____
 If your child wears glasses, when was his/her last eye examination? _____
 List any medications your child is currently taking: _____

 Does your child have dental needs? _____

Chronic Problems - Past or Present - Please explain on the lines below:

| | |
|------------------------|-------------------------------|
| Hearing Problems _____ | Speech Problems _____ |
| Vision Problems _____ | Heart Disorder _____ |
| Diabetes _____ | Asthma _____ |
| Kidney Disease _____ | Hay Fever _____ |
| Skin Disorder _____ | Frequent Ear Infections _____ |
| Convulsions _____ | Other _____ |

Shot records must be submitted prior to your child's first day.