



APPLICATION FORM 2008-2009

Is the student a:
 Joy Preschool Student - Year(s) _____
 Member of Community Church of Joy

K-8 A \$450 non-refundable registration fee must accompany this application.
High School A \$50 non-refundable application fee must accompany this application. A \$400 non-refundable registration fee is due upon acceptance.

OFFICE USE ONLY:
 Date Received _____
 Amount Due _____
 Registration/tuition _____
 Status _____

RENWEB _____ BK _____ T _____ IT _____ Interview _____

STUDENT INFORMATION

Name of Student (First/Middle/Last) _____ (AKA) _____	Date of Birth _____	Grade Applying for : _____
Home Address _____	Home Phone # _____	Gender: <input type="checkbox"/> Listed <input type="checkbox"/> Unlisted <input type="checkbox"/> Male <input type="checkbox"/> Female
City _____ State _____ Zip _____	Student Lives With <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Both Parents <input type="checkbox"/> Other _____	

PARENT INFORMATION

Ethnic Origin (optional): <input type="checkbox"/> African Amer. <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other _____	Student attends: <input type="checkbox"/> Community Church of Joy <input type="checkbox"/> None <input type="checkbox"/> Other— Where? _____
FATHER or <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather _____ Title _____	MOTHER or <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother _____ Title _____
Name _____ Business Phone _____	Name _____ Business Phone _____
Employer or Business Name _____ Occupation _____	Employer or Business Name _____ Occupation _____
Employer Address _____	Employer Address _____
Does employer have a matching gift program? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does employer have a matching gift program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Address (if different than student) _____ City _____ Zip _____	Home address (if different than student) _____ City _____ Zip _____
Phone: Home (if different than student) _____ Cell: _____	Phone: (if different than student) _____ Cell: _____
<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed
Email Address: _____	Email Address: _____

FAMILY INFORMATION

Brother(s) & Sister(s) Names	Age	Grade	School Attending

Joy Christian School admits students of any race, color, national and ethnic origin and grants, to all, the rights, privileges, programs, and activities generally accorded or made available to any; students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, tuition assistance programs, athletic or other school administered programs.

PURPOSE OF ENROLLMENT

Why are you considering our school? _____

Please rank 1-5 the following reasons for enrollment, 1 being the most important:

___ Christian Emphasis ___ Quality Academics ___ Safety ___ Location ___ Other _____

How did you hear about our school?

___ Joy Preschool ___ Community Church of Joy ___ Website ___ Friend ___ Yellow Pages ___ Newspaper Ad ___ Other _____

Kindergarten Only: Please rank 1—5 the following reasons for enrollment, 1 being the most important:

___ Christian Emphasis ___ Full Day program ___ Quality Academics ___ Location ___ Other _____

A limited amount of financial assistance is available to those with need. Will you be applying for assistance? ___ Yes ___ No

EDUCATIONAL BACKGROUND

List schools applicant has attended in the past:

School Name; state

Grade

Dates Attended

To better serve the needs of your child, please answer the following questions:

1) Does your son/daughter have an identified learning difference or special need?

Yes - in the past

Yes - currently

No

2) Does your son/daughter have a current psychological/educational report from a public school or from a private licensed educational psychologist? If yes, please submit a copy of the report with this application. Date of the report _____

STUDENT PROFILE (PLEASE COMMENT)

Answer YES or NO to the following questions:

Received Tutoring?

Yes No

Participated in a Special Learning Program?

Yes No

Participated in a Gifted Program?

Yes No

Received Special Honors/Awards?

Yes No

Experienced Learning Difficulties in Reading?

Yes No

Experienced Learning Difficulties in Math?

Yes No

Experienced Discipline Problems?

Yes No

Has Student Repeated a Grade? (Please specify)

Yes No

Ever Suspended?

Yes No

Has Student Skipped a Grade? (Please specify)

Yes No

Please comment about any of your responses: _____

How might your child benefit from a Christian education? _____

Educational Maturity: _____

Social Maturity and Personality: _____

Physical Health (include any allergies/restrictions): _____

Any needs or concerns the school should know about: _____

Primary Language spoken in the home _____ Student's primary language _____ Other languages student speaks _____

Is the applicant closely related to a present JCS student or graduate? If so, please give us relative's name and specify relationship:

Name _____ Relationship _____ Name _____ Relationship _____

Please list your child's interests and extracurricular activities outside of school. Include awards received: _____

What are your child's academic strengths? _____

Is your child on any special medications? (Please list medications and reasons needed) _____

PERMISSION AGREEMENT (ALL STUDENTS)

1. EMERGENCY AGREEMENT

I (we) grant permission for authorized school personnel to take whatever steps necessary to obtain medical care if warranted. These steps may include, but are not limited to:

- A. Attempt to contact parent or guardian.
- B. Attempt to contact child's physician.
- C. Attempt to contact you through any of the persons listed on the Emergency Health Form you completed at the time of enrollment.
- D. If the school cannot contact you or your physician, the school may do any of the following:
 - a) call another physician, b) call an ambulance, c) have the child taken to an emergency hospital, d) call 911.
- E. Expenses will be incurred by the family. Your insurance company name, address and number should be listed on the Emergency Health Form.
- F. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment or if you do not keep the school updated on changes.

Parent's Printed Name

Parent's Signature

Date

2. SCHOOL DIRECTORY AGREEMENT

I grant permission for my child's name, address and phone number to be included in a parent directory that will be given to all class members.

Parent's Printed Name

Parent's Signature

Date

3. SEQUOIA CHOICE SCHOOL / DISTANCE LEARNING AGREEMENT

Joy Christian School is in partnership with Sequoia Choice School who in cooperation with our faculty provides our students with distance learning opportunities which enhances our curriculum. With this joint effort, Sequoia counts our JCS students in their daily attendance records. In order to participate in this program, I grant permission for my child's attendance records to be shared with Sequoia Choice School.

Parent's Printed Name

Parent's Signature

Date

EDUCATIONAL COMMITMENT

	Very Sure	Somewhat Sure	Not Sure
1. All children in our family will attend JCS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. We plan to have our student(s) continue at JCS through 8th grade:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. We plan to have our student(s) attend Joy Christian High School:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please print the name of the candidate on the back of a small recent photograph and attach here. Photos are requested.

Our Mission

To Build The Next Generation of Christian Leaders

Our Vision

**To Be a Premier Christian School and Well-Connected Relational Community,
Committed to Life Long Learning**

Our Core Values

Faith Integrity Leadership Excellence Relationships Service

FAMILY ENROLLMENT AGREEMENT

We as a family will...

- support the mission, vision, and core values of Joy Christian School.
- understand that Bible Study, a weekly chapel service, memorizing parts of the Bible and a Christian environment is an integral part of the school.
- agree that if there are any concerns with the school, we will attempt to resolve them through appropriate channels one step at a time: talking to the teacher, then the principal and finally through the principal to the Director. If for any reason we are unable to find resolution, it may be in the best interest of all parties that the school withdraw the child so that the situation remains manageable.
- be open to understanding a wellness approach for the whole child and apply that understanding to the best of our ability.
- understand that all new students are on a thirty day probationary period to determine if the school fits the needs of the child.
- agree as a condition of enrollment to pay the tuition and fees. We understand that these fees are due and payable in order for our child(ren) to remain in the school. We understand that if the balance is delinquent in excess of 30 days, and an acceptable alternative has not been approved by the school administration, our child(ren) will not be permitted to return to school until all delinquent obligations are paid in full. Records and report cards will not be released unless a child's balance is paid in full. We understand that the registration fees are non-refundable/non-transferable so long as an application is under consideration or has been accepted by the school.

Parent's Signature _____ Date _____

Name of Student _____

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