

124 Tenaya Way  
 Las Vegas, Nevada 89145  
 Phone: (702) 868-2767  
 Fax: (702) 868-2769  
 Email: [info@crossroadslv.org](mailto:info@crossroadslv.org)  
[www.crossroadslv.org](http://www.crossroadslv.org)

**2017-2018 School Year  
 REGISTRATION PACKET  
 Starting on August 1st 2017**

**ADMISSION REQUIREMENTS NEEDED BEFORE FOR YOUR CHILD CAN ATTEND CROSSROADS CHRISTIAN ACADEMY**

- Registration Fee marked to hold spot
- Immunization Record
- Physical Exam
- Registration Fee
- Registration Packet
- Preschool/Pre-K Registration & Curriculum Fee: **\$100.00** (Non -Refundable)
- JR. Kindergarten Registration / Curriculum Fee: **\$150.00** (Non -Refundable)

FOR OFFICIAL USE ONLY

START DATE: \_\_\_\_\_ CLASSROOM: \_\_\_\_\_ DISCOUNT: \_\_\_\_\_  
 REGISTRATION FEE / CURRICULUM Fee: \_\_\_\_\_ MONTHLY AMOUNT: \_\_\_\_\_

\_\_\_\_\_ GENDER: M F  
 CHILD NAME DATE OF BIRTH

\_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_ FATHER'S NAME

\_\_\_\_\_ ADDRESS CITY STATE ZIP CODE \_\_\_\_\_ ADDRESS CITY STATE ZIP CODE

\_\_\_\_\_ HOME PHONE CELL PHONE WORK PHONE \_\_\_\_\_ HOME PHONE CELL PHONE WORK PHONE

\_\_\_\_\_ MOTHER'S OCCUPATION \_\_\_\_\_ FATHER'S OCCUPATION

❖ \_\_\_\_\_  
 WHO HAS LEGAL CUSTODY? (**Court Documents will be due upon registration**)

❖ \_\_\_\_\_  
 HOW DID YOU HEAR ABOUT US? DID SOMEONE REFER YOU TO CROSSROADS CHRISTIAN ACADEMY? IF SO, WHO? (**Referral Discount of \$100 will Apply - See Parent Handbook**)

❖ \_\_\_\_\_  
 E-MAIL ADDRESS(S) **\*TO CONSERVE PAPER ALL MONTHLY STATEMENTS, SNACK CALENDARS, LESSON PLANS, NEWSLETTERS, ETC. WILL BE SENT VIA EMAIL\***

**I acknowledge the information above is true and correct.**

\_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE

\_\_\_\_\_ PRINT

***"Opening children's hearts and minds through Christ and Creativity".***

**10 MONTH FINANCIAL CONTRACT**  
**PRESCHOOL THRU PRE-K**

**PRESCHOOL THRU PRE-K**

**2 – 4 year old**

**Monthly payment**

*Please initial enrollment schedule:*

**Between 6:30 a.m. – 6:00 p.m.**

_____ 5 Full days	\$770.00 per month
_____ 3 Full days	\$550.00 per month
_____ 2 Full days	\$410.00 per month

From: August 15, 2017 thru  
May 31, 2018  
or year round option

**\*\*\*Includes Christmas Camp, Spring Camp and Summer\*\*\***

**PRESCHOOL THRU PRE-K**

**2 – 4 year old**

**Monthly payment**

*Please initial enrollment schedule:*

**Between 9:00 a.m. – 12:00 p.m.**

_____ 5 Half days (M-F)	\$550.00 per month
_____ 3 Half days (MWF)	\$400.00 per month
_____ 2 Half days (T-TH)	\$350.00 per month

From: August 15, 2017 thru  
May 31, 2018  
or year round option

**\*\*\*Includes Christmas Camp, Spring Camp and Summer\*\*\***

**10 FINANCIAL CONTRACT**  
**TODDLER - TWO'S PROGRAM**

**TODDLER/TWO'S**

*(PRESCHOOL WITH  
POTTY TRAINING &  
EXTENDED CARE)*

**18 mo. - 2 year old**

**Monthly payment**

*Please initial enrollment schedule:*

**Between 6:30 a.m. to 6:00 p.m.**

_____ 5 Full days	\$800.00 per month
_____ 3 Full days	\$580.00 per month
_____ 2 Full days	\$440.00 per month

From: August 15, 2017 thru  
May 31, 2018  
or year round option

**\*\*\*Includes Christmas Camp, Spring Camp and Summer\*\*\***

***I acknowledge the information above is true and correct.***

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT

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**10 MONTH FINANCIAL CONTRACT**

<u>JR. KINDERGARTEN</u>	<u>JR. KINDERGARTEN</u>	<u>Yearly</u>	<u>Monthly payment</u>
From: August 15, 2017 thru May 31, 2018 or year round option	Please initial enrollment schedule: <b>(This class is a 5 day program)</b>		
_____	JR. KINDERGARTEN	\$6,250.00	\$625.00 (9:00 to 3:00)
_____	JR. KINDERGARTEN W/B.A.S.E.	\$7,800.00	\$780.00 (6:30 to 6:00)

**CHRISTMAS, SPRING and SUMMER CAMP  
6 to 12yrs. old FINANCIAL CONTRACT**

<b><u>CHRISTMAS CAMP</u></b> (6 thru 12 year olds)	Please circle & initial camp schedule: \$35 daily rate T W TH F = _____ Week 1 – December 26, 2017 thru December 29, 2017
From: December 25, 2017 thru January 5, 2018	T W TH F = _____ Week 2 – January 2, 2018 thru January 5, 2018
<b><u>SPRING CAMP</u></b> (6 thru 12 year olds)	Please initial camp schedule: \$35 daily rate M T W TH F = _____ March 26, 2018 thru March 30, 2018
From: March 26, 2018 thru March 30, 2018	
<b><u>SUMMER CAMP</u></b> (6 thru 12 year olds) 2017 and 2018	Please fill out camp calendar schedule: \$35 daily rate Total amount of days = _____ JUNE 1, 2017 thru August 11, 2017 Total amount of days = _____ JUNE 4, 2018 thru August 10, 2018

**I acknowledge the information above is true and correct.**

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINT

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**Please initial each section listed below indicating that you have read and understand the terms and agreement.**

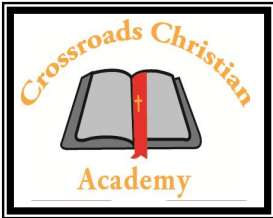
- \_\_\_\_\_ Tuition is due monthly and is to be paid by the first of each month beginning 8/1/17 - 5/1/18. Payments received after the 3<sup>rd</sup> of the month will be charged a \$45.00 late fee.
- \_\_\_\_\_ In the event your tuition becomes ten (10) days delinquent, your child may be automatically dis-enrolled from CCA.
- \_\_\_\_\_ All Bi-monthly (1<sup>st</sup> and 15<sup>th</sup>) payments must be set up on automatic payments through Tuition Express.
- \_\_\_\_\_ In the event your tuition becomes ten (10) days delinquent, your child will be automatically dis-enrolled from Crossroads Christian Academy.
- \_\_\_\_\_ The tuition is evenly distributed over the year so no discount are given for school holidays, breaks, vacations, or days missed for personal reasons.
- \_\_\_\_\_ A late fee of \$2.00 per minute per child will need to be paid immediately after contracted hour.
- \_\_\_\_\_ Parents must provide **one (1) month written** (Notice of Withdrawal or schedule change Form) obtained by Crossroads Christian Academy.
- \_\_\_\_\_ I agree to pay all attorney fees and collection costs incurred by Crossroads Christian Academy should I default in the terms and conditions of this financial agreement.
- \_\_\_\_\_ According to the Student Handbook, I understand that my child will be sent home from school if he/she has a fever or vomits. My child must be picked up within 1 hour of the school's phone call. It is school policy that children must be kept out of school for a full 24 hour period following either fever or vomiting.
- \_\_\_\_\_ I will adhere to CCA's uniform policies which gives a 2 week grace period to have my child in "FULL" daily Campus Club uniforms.
- \_\_\_\_\_ I understand that any change in parental status, phone contact information, email address, or emergency pick up information must be submitted to the school office in writing.
- \_\_\_\_\_ If the school receives two (2) returned checks, all future payments must be submitted by money order, credit card, or cashier's check.
- \_\_\_\_\_ I understand that Crossroads Christian Academy will use air fresheners and pesticides which have been approved by the Southern Nevada Health District.
- \_\_\_\_\_ According to NRS.178, I understand and am aware that I have the right to request and review any complaints the facility has received within the last 12 months of my child's enrollment.
- \_\_\_\_\_ I understand my child may be photographed or videotaped by staff or parents during special events, activities and during class time, while attending Crossroads Christian Academy. I also understand that these photographs may be used in school slideshows, student journals and may possibly be posted on facebook and CCA website.

***I acknowledge the information above is true and correct.***

\_\_\_\_\_  
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\_\_\_\_\_  
DATE

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***EMERGENCY INFORMATION***

***2017-2018 School Year***

Child's Last Name	First Name	Date of Birth
Home Telephone #		Gender M F
Street Address	City	State Zip Code
Parent/Guardian Name	Business Phone #	Cell Phone #
Parent/Guardian Name	Business Phone #	Cell Phone #

**School policy is to contact parents first in case of an emergency. If not, an authorized escort notified other than parent who may be called in an emergency:**

Name _____	Name _____
Address _____	Address _____
Phone # ( ) _____	Phone # ( ) _____
Cell phone# ( ) _____	Cell phone# ( ) _____
Relationship _____	Relationship _____

**Out of State Contact: (In case of a disaster emergency only):**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # ( ) \_\_\_\_\_

Cell Phone # ( ) \_\_\_\_\_

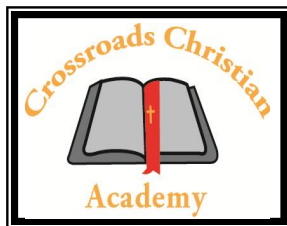
Relationship \_\_\_\_\_

**(MUST HAVE MEDICAL DIAGNOSIS)**

**\*\*\*\*If an Inhaler or EpiPen is in need it must be provided by the parent/guardian\*\*\*\***

ASTHMA/AIRWAY DISORDER _____ BLOOD DISORDER _____ <b>FOOD ALLERGY TO</b> _____ DIABETES _____ SEIZURES: TYPE _____ GENETIC SYNDROME _____ GLASSES/CONTACTS _____ HEARING AID (R) _____ (L) _____ HEARING IMPAIRMENT _____ ADD/ADHD _____ CANCER _____ MIGRAINES _____	NEUROLOGICAL DISEASE _____ MUSCULAR DISEASE _____ ORTHOPEDIC PROBLEM _____ POTENTIALLY SEVER REACTION TO _____ ENVIROMENTAL ALLERGIES _____ HYPERSENSITIVITY TO _____ SKIN DISORDER _____ HEART PROBLEM _____ VISUAL IMPAIRMENT _____ COLOR BLINDNESS _____ PSYCHOLOGICAL DISORDER _____ OTHER _____
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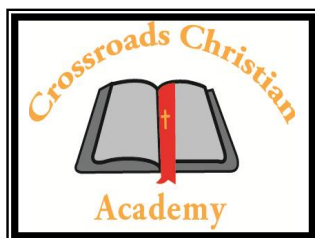
**PERMISSION TO RELEASE INFORMATION**

I understand that the time my child, \_\_\_\_\_, is in the facility, which the director may be asked for information regarding my child.

- I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.
- I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that Child Care Licensing has access to my child's record as the licensing agent and may view the record upon facility inspection.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



**TRANSPORTATION FORM/FIELD TRIP PERMIT**

\_\_\_\_\_ Crossroads Christian Academy may transport my child in the event of an emergency evacuation or disaster preparedness drill of the facility.

\_\_\_\_\_ Although CCA normally does not take part in fieldtrips, I understand there may be a time that my child may take part in field trips and educational excursion, either by bus, private car, or on foot. I further understand that my child will be chaperoned by a responsible adult at all times away from the facility.

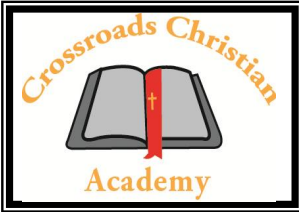
\_\_\_\_\_ Should any accident occur while my child is away from the facility the aforementioned trip, I shall not hold the child's caretaker, members of facility and its employees, nor any participating adult liable.

\_\_\_\_\_ I do not wish my child to take part in the aforementioned field trips or educational excursions.

\_\_\_\_\_  
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**PRE-ADMISSION  
 FORM/PHYSICAL EXAM**

Child's Full Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Doctor: \_\_\_\_\_

Name of Health Agency Office \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Doctor's Phone Number (    ) \_\_\_\_\_ - \_\_\_\_\_      Doctor's Fax Number (    ) \_\_\_\_\_ - \_\_\_\_\_

Date of Pre-Admission Exam:      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is this child up-to-date on his/her shots? Yes    or    No    **(Circle One)**

Is there any reason why this child cannot be immunized? If yes, please explain    Yes    or    No  
**(Circle One)**

\_\_\_\_\_

Does your child have any special problems or conditions which a child care program or academy would possibly be unable to deal with? If so, please explain below.

\_\_\_\_\_

\_\_\_\_\_

**Please attach shot record.**

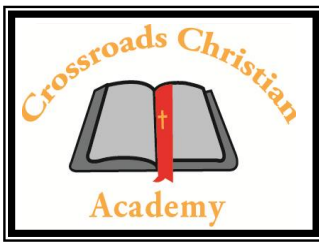
*Required immunizations (MUST be filed at child Care Facility)*

\_\_\_\_\_  
 Signature of Physician or Health Agency Representative

\_\_\_\_\_  
 Date

**\*This form must be turned in along with immunization records before your child can attend class.\***

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### MEDICAL TREATMENT CONSENT

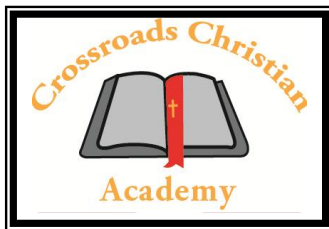
Child's Full Name: \_\_\_\_\_

I, \_\_\_\_\_, authorize CROSSROADS CHRISTIAN ACADEMY PERSONNEL to administer first aid and when needed, to call a physician for medical or surgical care should an emergency arise. It is understood that a conscientious effort will be made to notify me or the persons indicated on the Emergency Information Card before such action is taken and that the expense of this service will be accepted by me.

I further agree that CROSSROADS CHRISTIAN ACADEMY, any staff member, or volunteer, will not be held liable for any injury my child may endure. I am aware, however, that CROSSROADS CHRISTIAN ACADEMY does maintain student accident insurance for all students in attendance

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE



### SUNSCREEN CONSENT

Crossroads Christian Academy (CCA) families are responsible for the first application of sunscreen upon their child's arrival to school. However, a CCA staff member will reapply sunscreen during outdoor activities. The Clark County Health Department recommends that our school only use sunscreen that is specifically made for infants on up. Our preschool staff may only apply sunscreen to infants six (6) month of age and older. All sunscreen must be specified for children use **and** be supplied by the family. Please label your child's sunscreen with their first and last name.

I, \_\_\_\_\_, authorize Crossroads Christian Academy staff to apply sunscreen to my child prior to outdoor activities with weather permitting. I am the legal custodial parent or guardian of this child and I agree to the conditions during the term of my child's enrollment at Crossroads Christian Academy.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE

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