

Fax this form with your application to: 408.270.2521 or Email to evcsoffice@gmail.com with the subject "Summer Enrichment Enrollment: ACH Payment Info"

Student Name:

Parent (Payer) Name:

Billing Address:

EVCS Account #: 31 \_\_\_\_\_ \*see monthly statement for account number

Account Type: Checking  Savings

Bank Routing Number: \_\_\_\_\_ Account #: \_\_\_\_\_

Please check the boxes below to authorize us to use your ACH account for your summer school payments (check all that apply)

- Registration Fee - immediately
- Full payment of \$1,050 on June 11, 2018
- Two payments of \$525 each on June 11th and July 2, 2018

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#### STUDENT INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Preferred

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Allergies/Medications/Medical Conditions:

\_\_\_\_\_

\_\_\_\_\_

Child's T-Shirt Size: \_\_\_\_\_ (All T-shirts will be ordered in child sizes unless otherwise noted as adult)

#### PARENT / GUARDIAN INFORMATION

Father or Legal Guardian's Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother or Legal Guardian's Name: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Secondary Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

**ADDITIONAL EMERGENCY CONTACTS & PICK-UPS INFORMATION**

List additional Emergency Contacts (EC) that may take responsibility for or transport your child in a dismissal emergency if EVCS cannot contact parents/guardians. Please check the Pick-Up box if your child may go home with this person on a regular day basis.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ EC  Pick-Up  Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_ EC  Pick-Up   
Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone # \_\_\_\_\_  
\_\_\_\_\_ EC  Pick-Up

I (we) the parents(s) and/or legal guardian(s), give the above-named minor permission to attend any field trip or physical education activity that are conducted by East Valley Christian School during his/her enrollment at the school.

I (we) give consent to East Valley Christian School and its staff to provide any emergency dental or medical cares prescribed by a duly licensed physician (M.D.) or dentist (DDS) for this child. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my/our child.

I have read and accept the following statements and will abide by the policies of East Valley Christian School. All information provided on this application is accurate to the best of knowledge. Attendance at East Valley Christian School is a privilege. Admission of all new students is probationary. Continued enrollment is dependent upon academic progress, social adjustment, attitude, and influence on fellow students. I have read and understand the financial policy of the school and accept personal responsibility for all tuition and related fees.

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_