



**Canyonside Christian School, Inc.**  
**820 East Nez Perce**  
**Jerome, Idaho 83338**  
**Phone: (208)324-3444**  
**Fax: (208)324-7806**

OFFICE USE ONLY	
Date Enrolled	_____
Date Started	_____
Grade Entered	_____
Teacher	_____
<input type="checkbox"/> Registration Received	
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Immunization Records
<input type="checkbox"/> Internet Consent	

**2017-2018 Registration Form**

**Student Information**

Child's Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_  
 Name your child prefers (if different than above): \_\_\_\_\_ (Gender)  Male  Female (Date of Birth) \_\_\_\_\_  
 Address: \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_  
 Home Phone: (\_\_\_\_\_) \_\_\_\_\_  
 Grade Entering: \_\_\_\_\_  
 Health/Medical/Educational Needs: (Allergies, Special Medication, Learning Disabilities, ADD/ADHD, or Speech/Language Delay, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian Information**

Mother's Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Employer Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Email Address (please print clearly) \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Employer \_\_\_\_\_  
 Employer Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Email Address (please print clearly) \_\_\_\_\_  
 Primary Contact \_\_\_\_\_

**Emergency Contact Information** (if parents cannot be reached)

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to student \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to student \_\_\_\_\_  
 Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Relationship to student \_\_\_\_\_

**Please Check One:**

**Preschool**

- K-2 Program (Registration \$100.00)
  - Mon-Thur (8:15-3:00) \$325.00
  - Mon/Wed (8:15-3:00) \$190.00
  - Tues/Thurs (8:15-3:00) \$190.00
  - Mon-Thur (7:30-5:30) \$400.00
  - Mon-Fri (7:30-5:30) \$430.00
- K-3 Program (Registration \$100.00)
  - Mon-Thurs (8:15-11:30) \$235.00
  - Mon-Thurs (8:15-3:00) \$305.00
  - Mon-Thurs (7:30-5:30) \$380.00
  - Mon-Fri (7:30-5:30) \$410.00
- K-4 Program (Registration \$200.00)
  - Mon-Thur (8:15-3:00) \$335.00
  - Mon-Thur (7:30-5:30) \$380.00
  - Mon-Fri (7:30-5:30) \$410.00
- K-5 Program (Registration \$250.00)
  - Mon-Thur (8:15-3:00) \$335.00
  - Mon-Thur (7:30-5:30) \$380.00

**Elementary**

- (Registration \$300.00)
- 1<sup>st</sup> Grade
    - Mon-Fri (8:15-3:00) \$400.00
    - Mon-Fri (7:30-5:30) \$480.00
  - 2<sup>nd</sup> Grade
    - Mon-Fri (8:15-3:00) \$400.00
    - Mon-Fri (7:30-5:30) \$480.00
  - 3<sup>rd</sup> Grade
    - Mon-Fri (8:15-3:00) \$400.00
    - Mon-Fri (7:30-5:30) \$480.00
  - 4<sup>th</sup> Grade
    - Mon-Fri (8:15-3:00) \$400.00
    - Mon-Fri (7:30-5:30) \$480.00
  - 5<sup>th</sup> Grade
    - Mon-Fri (8:15-3:00) \$400.00
    - Mon-Fri (7:30-5:30) \$480.00

Mon-Fri (7:30-5:30) \$410.00

**CONTINUED ON BACK**

If you will be utilizing our before and/or after-school programs, please fill in approximate days/times you will need

The before-school program is available daily, Monday – Friday 7:30 a.m. to 8:10 a.m.  
The after-school program is available daily, Monday – Friday 3:00 p.m. to 5:30 p.m.

Mondays:	Arrival: _____ a.m.	Departure: _____ p.m.
Tuesdays:	Arrival: _____ a.m.	Departure: _____ p.m.
Wednesdays:	Arrival: _____ a.m.	Departure: _____ p.m.
Thursdays:	Arrival: _____ a.m.	Departure: _____ p.m.
Fridays:	Arrival: _____ a.m.	Departure: _____ p.m.

People authorized to pick up my child/children:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Financial Information**

Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____
Student's Name: _____	Grade: _____

**Tuition:**

Please check the appropriate box for your 2017-2018 tuition payment plan.

- Pay in full (9 month tuition paid in full)
- 9 month plan (monthly payments beginning Sept 1, 2017 and ending May 30, 2018)
- 12 month plan (monthly payments beginning June 1, 2017 and ending May 30, 2018)

**Tuition Assistance:**

If you will be asking for tuition assistance, please stop by the school office and pick up a tuition assistance request form. Please note: tuition assistance request forms must be returned to the office by May 30, 2017.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

How did you hear about CCS? (Family, friends, newspaper, internet, etc.)

\_\_\_\_\_

Why are you seeking enrollment at CCS?

\_\_\_\_\_