

Clovis Nazarene School

“A Child’s Place to Succeed”

2024-25

CHILD INFO: First Name: _____ Last Name: _____

Child’s Address: _____ City & State: _____ Zip: _____

Male Female Date of Birth (mm/dd/yy): _____ Current Age: _____

HEALTH INFORMATION: Food allergies Yes No If yes, please list below.

Any other medical condition? If yes, please explain. _____

FATHER/GUARDIAN #1 First Name: _____ Last Name: _____

Address: _____ City & State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Marital Status: Married Single Divorced Separated Widowed

E-Mail Address: _____

MOTHER/GUARDIAN #2 First Name: _____ Last Name: _____

Address: _____ City & State: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Marital Status: Married Single Divorced Separated Widowed

E-Mail Address: _____

CHECK THE BOX BELOW FOR THE PROGRAM YOUR CHILD WILL BE ATTENDING

<u>Pre-School Program:</u>	½ Day 8:00 a.m. - 12:30 p.m.	Full Day 8:00 a.m. – 3:00 p.m.
Tuesday-Thursday (2-3-year olds only)		
Monday-Wednesday-Friday		
Monday-Friday		

Please be sure at least two people are marked as emergency contacts other than the parents/guardians.

(Please check all that apply)

Name:	Relationship:	Phone #:	Lives With:	Emergency:	Pick-Up:
	Father/Guardian #1				
	Mother/Guardian #2				
	Emergency Contact #1			X	X
	Emergency Contact #2			X	X
Child's Doctor	Doctor			X	

- I give my permission for EMERGENCY MEDICAL TRANSPORTATION OR TREATMENT (If parents or emergency contacts cannot be reached):
 Yes No
- I give my permission for Neosporin to be applied to my child if needed.
 Yes No
- I give my permission for my child to ride in the CNS van to and from school sponsored field trips.
 Yes No
- I give my permission for my child's photo to be used for the CNS web page and Facebook page.
 Yes No
- I have read and understand the 2024-25 Parent Handbook; And the Discipline Policy therein.[]
 Yes [] No

(Please Initial) **AS STATED IN THE HANDBOOK, IF YOUR CHILD IS NOT PICKED UP BY 5:30 P.M. A LATE FEE OF \$5.00 PER MINUTE WILL BE CHARGED TO YOUR CHILD'S ACCOUNT. IF YOU ARE LATE MORE THAN 3 TIMES, THEN YOU WILL BE REQUIRED TO PICK YOUR CHILD UP NO LATER THAN 5:15 P.M.

PARENT'S SIGNATURE: _____ ENROLLMENT DATE _____



I hereby authorize Clovis Nazarene School to initiate credit/debit card charges to the below-referenced credit/debit card account. I understand it is my responsibility, as the cardholder; to keep a reliable payment source on file at all times to avoid any additional fees for payments returned. If there is a payment arrangement made between an outside party and/or two separate households, each cardholder will need to complete a separate Tuition Express form.



Cardholder Signature: _____

Date: _____

For Office Use Only:

Date Received: _____

Employee Initials: _____

This portion will be detached and shredded once the information is placed in our Secure Payment Processor.

CREDIT/DEBIT CARD:

Cardholder Name: _____ Phone Number: _____

Address: _____ City & State: _____ Zip: _____

Card Number: _____ Expiration Date: _____