



## MEDICAL RELEASE OF LIABILITY

**Student** \_\_\_\_\_

### **Parent/Guardian Medical Release:**

I hereby authorize Liberty Christian School personnel or authorized parties acting on behalf of the school to administer emergency medical treatment (first aid) to my child if it is deemed necessary and appropriate to preserve or aid the health and/or well being of my child. I further authorize Liberty Christian School personnel or authorized representative's thereof, that should it be deemed necessary and appropriate to secure emergency medical treatment beyond that which can be reasonably administered at the school or a school function, to contact and engage medical personnel qualified to administer necessary and appropriate emergency medical treatment to my child or transport my child to a facility that can administer appropriate medical treatment. In such cases I consent to the treatment of my child by emergency physicians or other professionally licensed health care providers as determined necessary to provide emergency medical care to my child. I understand and agree that I will be financially responsible for any and all expenses incurred in the treatment of my child. I understand that anytime emergency medical care becomes necessary or transportation to a medical care facility is necessary, Liberty Christian School personnel will make every effort to contact me as appropriate and without jeopardizing the care or treatment of the child.

I also understand that accident and medical insurance will be maintained for my child by me during the calendar year.

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent Printed Name** \_\_\_\_\_

## Emergency Contact and Medical Information for Student

Child's Name	Date of Birth <span style="float: right;">M   F</span>
	Gender
Parent's/Guardian's Name	Parent's/Guardian's Name
Cell Phone #                  Work Phone # (     )                          (     )	Cell Phone #                  Work Phone # (     )                          (     )
Address	Address
City, State Zip Code	City, State Zip Code

### Alternative Emergency Contacts

#1 Emergency Contact:	#2 Emergency Contact:
Relationship to student:	Relationship to student:
Cell Phone #                  Work Phone # (     )                          (     )	Cell Phone #                  Work Phone # (     )                          (     )

### Medical Information

Hospital/Clinic Preference	
Physician's Name	Physician's Phone Number
Insurance Company	Policy Number
Is there any reason the student cannot participate in normal playground or athletic activities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	

Allergies/Special Health Considerations/Physical, Emotional, or Social Limitations:

Current Medications: (If current medications change during the school year, please contact the school office.)

# Application for Enrollment

For office use only



## 2024-2025

Grade Entering

Current Transcript/Report Card
Date/Time
Grade Enrolled
Reg Fee Paid
Birth Certificate (Kindergarten)
LEARN Academy documents
Immunization Record

Last Name	First Name	Middle Name
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Home Address	City	Zip
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Birthplace	Student Cell Number	Date of Birth	Age	Male	Female
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<b>ALTERNATE CONTACTS: (NOT PARENTS)</b>	Name #1	Phone (    )	Relationship to Student
	Name #2	Phone (    )	Relationship to Student

School Last Attended	Address
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Has your child been retained in a grade before? Yes  No  Please explain:

If your child has had any disciplinary or emotional problems in school, please explain.

Has your child ever been in trouble which led to contact with the police or juvenile authorities? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, please explain.
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Does your child have a learning difficulty, IEP, or 504 Plan? Yes  No  ALL resource services require additional LEARN Academy enrollment and fees  
 Elect to Enroll in LCS L.E.A.R.N. Academy Yes  No  All Documentation must be submitted with this application

Church currently attending	Church email
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<b>Father (or Male Guardian) Name</b>	<b>Work Phone</b> (    )	<b>Cell Phone</b> (    )
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Occupation/Company Name	<b>Father's E-mail</b>
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<b>Mother (or Female Guardian) Name</b>	<b>Work Phone</b> (    )	<b>Cell Phone</b> (    )
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Occupation/Company Name	<b>Mother's E-mail</b>
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(Circle one) Marital Status: Married    Divorced    Separated    Single Parent	If child is not living with both mother and father please explain with whom he/she lives:
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Please state the reasons why you wish your child to attend Liberty Christian:

# Permission and Release 2024-2025



## Parent/Guardian Permission to Participate

I hereby give my permission for my child(ren) to engage in activities at Liberty Christian School. This consent extends to participation in all educational, athletic and group activities, including school sponsored field trips away from the school premises.

## Statement of Cooperation/Release of Liability/Assumption of Risk

- I give permission for my child's likeness to be used in various media and advertising.
  - I understand that the standards of Liberty Christian School do not tolerate, by student, parent or family member, profanity or obscenity in word or action, dishonesty or disrespect to personnel of the school.
  - I understand that as a ministry of CrossPoint Church, it is the aim of Liberty Christian School to lead students to a saving knowledge of Jesus Christ and to develop Christian character in their lives.
  - I understand that I must maintain complete support and cooperation with Liberty Christian School in order for my child to remain enrolled in Liberty Christian School.
  - I understand and agree to authorize Liberty Christian School to employ such discipline as it deems wise and expedient for my child.
  - Realizing that my attitude toward the personnel and policies of Liberty Christian School affects the emotional and academic stability of my child, I will support and uphold the ideals of the school and will abide by the discipline and regulations of Liberty Christian School.
  - I understand that, in the event of a conflict with Liberty Christian School or its employees, I will not pursue legal action in the court system. I will attempt to resolve the conflict in a Biblically based manner by going to the appropriate individual and then their supervisors. Any conflict settled outside of the school or church will be settled by a mutually agreed upon Christian Conciliation service in Orange County, CA.
- I understand that there are certain dangers, hazards, and risks inherent in educational activities, and have signed this document in full recognition and appreciation of the dangers of these activities, which dangers include, but are not limited to, physical injuries (minimal, serious, catastrophic) and/or property loss or damage. I assume this risk and take on all responsibilities in any activities associated with Liberty Christian School. In consideration of, and in return for, the service, facilities and other education provided to students by Liberty Christian School, I, along with any of my assignees, heirs, and legal representatives release Liberty Christian School, CrossPoint Church and all personnel, employees, tutors, teachers, directors, and officers of these entities, from any and all liability, claims and actions that may arise from injury, harm or death to my student and from loss or damage to my student's property in connection with these activities. I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failure to act by these individuals and entities, including but not limited to negligence, mistake, or failure to supervise by these individuals or entities or any of their personnel, employees, tutors or teachers.

## Financial Agreement

I affirm that I am financially capable of maintaining my enrollment for my child(ren) for the entire school year. I understand that if my payments are past due for more than 30 days, my child may not be allowed to attend school. If I withdraw my child(ren) while owing tuition, fees, or other charges, I give the school permission to withhold school records until all tuition and fees are paid.

I understand that if I need to withdraw my child(ren) from Liberty Christian School, I must give the school office a written 30 DAY NOTICE. I am responsible for 30 days of tuition from the date of that notice or a \$500 withdrawal fee (whichever is less) regardless of the date of my child's withdrawal or my child's enrollment status.

## Signature of authorized parent or guardian is required

Parent or Guardian Signature

Date



## Requirements Checklist

*All applicants must provide the following documents to complete the Registration Process in the office -*

### **All Student Applicants:**

- This completed registration packet  
All pages including *Blackbaud* form  
Check front and back  
Check all items that require signatures
- Copy of most current transcript or most recent report card
- Copy of most current IEP, 504 Plan, formal written plan, or medical diagnosis  
Remember most of these documents are only valid for 3 years  
If your documents are no longer current, we still need a copy of the most recent ones so that we may fully understand the needed services

*Students entering the following grades must provide the following ADDITIONAL documents -*

### **Kindergarten Applicants:**

- Copy of Birth Certificate
- Copy of up-to-date Immunization Record

### **7th Grade Applicants:**

- Copy of up-to-date Immunization Record  
This includes proof of Tdap Booster

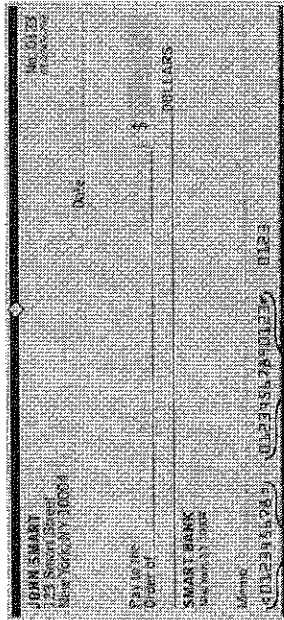
How did you hear about Liberty Christian School?



## PARENT INSTRUCTIONS

Please use capital letters and print clearly.

- 1. ENTER FAMILY INFORMATION:** Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.
- 2. SELECT A PAYMENT METHOD:** If you choose to pay by mail you will receive a bill that will be due on the date selected. Please mail your payment at least seven days prior to the due date. If you select Auto - Debit, Blackbaud Tuition Management will debit your bank or credit card account on the debit date selected. If you choose to pay from your checking account, please include a voided check to ensure the accuracy of your information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Blackbaud Tuition Management can not process automatic payments if the routing number is missing.



9 Digit Routing Number (required) Bank Account Number (required)

Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

- 3. SELECT A PAYMENT PLAN:** Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are made available by your school and cannot be changed by Blackbaud Tuition Management without school permission.
- 4. ENTER STUDENT INFORMATION:** Please write the name and grade of the children who will attend this school.

**5. PLEASE READ AND SIGN:** Please review the terms and conditions. The Primary Bill Payer must sign the form.

[parent.blackbaud.school](http://parent.blackbaud.school)

## TERMS AND CONDITIONS

The policies below are Blackbaud Tuition Management general terms and conditions. Not all policies listed below may be applicable to your school but are representative of Blackbaud Tuition Management policies, in general. Terms and Conditions are subject to change.

Blackbaud Tuition Management receives, processes, and deposits your payments into your school's bank account. Our secure website and customer service center are available to assist in answering your questions about your tuition payment plan.

**REFUNDS:** Blackbaud Tuition Management does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

**CREDIT CARD PAYMENTS:** Payments made with your debit and/or credit card are subject to credit card convenience fees.

**LATE FEES:** A late fee may be assessed by your school if balances due are not paid and posted by your established due date.

**FOLLOW-UP SERVICE:** Any payment that is not received by Blackbaud Tuition Management by your due date is considered late and may receive a late fee. In the event that your account becomes delinquent, Blackbaud Tuition Management may provide your school a follow-up service where Blackbaud Tuition Management may contact you via mail, telephone, or e-mail. Your account may be charged an additional fee as a result of this service. This fee is in addition to any late fees charged by your school.

**FAILED PAYMENTS:** A fee of \$30.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

**AUTO-DEBIT TERMS (APPLIES TO AUTO-DEBIT ENROLLEES ONLY):** By signing this enrollment form you agree to authorize Blackbaud Tuition Management to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Blackbaud Tuition Management shall have no liability for any fees charged to you by your financial institution. Blackbaud Tuition Management will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Blackbaud Tuition Management receives your written instruction to cancel auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Blackbaud Tuition Management no later than 3 business days prior to the scheduled payment at (888) 868-8828.

**PLEASE NOTE:** Payments received in the mail take 1 business day to post. Blackbaud Tuition Management is not responsible for delivery delays when payments are sent via US mail. Please allow at least 5-7 business days for delivery.

**TELEPHONE CONTACT:** You consent to allow Blackbaud Tuition Management to call and/or text any telephone number: (i) you have provided to Blackbaud Tuition Management; (ii) that you have provided to the school relating to your Blackbaud Tuition Management account; (iii) from which you called us; or (iv) which we obtained and reasonably believe we can reach you. You agree that Blackbaud Tuition Management may call and/or text any of these telephone numbers with an automatic telephone dialing system, and calls may include an artificial/pre-recorded voice message. By providing us with a telephone number, you represent that you are either the subscriber or regular user of the telephone number. You further agree to notify us immediately if any telephone number you provide to us is no longer used by you.

**BLACKBAUD TUITION MANAGEMENT PRIVACY POLICY:** We do not disclose any personal information about our families to anyone, except as permitted by law. Blackbaud Tuition Management has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Card Industries Standard for storing family information.

**BLACKBAUD TUITION MANAGEMENT SECURITY POLICY:** Access to your personal and account information is restricted to those employees who need to know that information as part of their job, to service your account, or to provide products and services to you. We maintain physical, electronic, and procedural safeguards that are reasonably designed to guard your non-public personal information. We adhere to the Payment Card Industry Data Security Standard (PCI DSS). The Payment Card Industry Data Security Standard (PCI DSS) is a proprietary information security standard for organizations that handle branded credit cards from the major card schemes including Visa, MasterCard, American Express, and Discover.

# Blackbaud Tuition Management & Your School Have Formed A Partnership



## That Benefits Your School, Your Child, And You.

Please return completed form to your school immediately.

If you have any questions regarding this form, contact Blackbaud Tuition Management at:

1-888-868-8828

Sensitivity: Confidential