



COMMUNITY CHRISTIAN SCHOOL

PO Box 780 • 2701 East Kenwood St • Siloam Springs, AR 72761

PHONE: (479) 549-4141 • FAX: (888) 349-8621

EMAIL: info@ccs-nwa.com • WEBSITE: www.ccs-nwa.com

Parent/Gaurdian Information

Registraton Date _____

Father/Gaurdian First Name _____ Last Name _____

Home Address _____ City/State _____ Zip _____

Employer _____ Work schedule _____ Work phone _____

Home phone _____ Cell phone _____ Email _____

Perfered method of contact _____ [] Custodial Parent

Mother/Gaurdian First Name _____ Last Name _____

Home Address _____ City/State _____ Zip _____

Employer _____ Work schedule _____ Work phone _____

Home phone _____ Cell phone _____ Email _____

Perfered method of contact _____ [] Custodial Parent

Emergency Contacts and Authorized Pickup

#1 Contact/Pickup Name _____ Main contact phone _____

Relationship to the child _____ [] Able to pick up all the children in family

Contact/Pickup Name _____ Main contact phone _____

Relationship to the child _____ [] Able to pick up all the children in family

Contact/Pickup Name _____ Main contact phone _____

Relationship to the child _____ [] Able to pick up all the children in family

Contact/Pickup Name _____ Main contact phone _____

Relationship to the child _____ [] Able to pick up all the children in family

Additional Information

Child Information

First Name _____ Middle _____ Last Name _____

Gender Male Female Date of Birth _____ Potty trained _____

Pediatrician _____ Hospital/Clinic _____ Phone _____

Allergies _____

List of medical conditions, medications, or special instructions _____

First Name _____ Middle _____ Last Name _____

Gender Male Female Date of Birth _____ Potty trained _____

Pediatrician _____ Hospital/Clinic _____ Phone _____

Allergies _____

List of medical conditions, medications, or special instructions _____

First Name _____ Middle _____ Last Name _____

Gender Male Female Date of Birth _____ Potty trained _____

Pediatrician _____ Hospital/Clinic _____ Phone _____

Allergies _____

List of medical conditions, medications, or special instructions _____

Schedule Selection, Tuition and Payment Plans

Tuition monthly

5 Days Extended hours _____

5 days \$560.00

3 Days Extended hours _____

3 days \$336.00

2 Days Extended hours _____

2 days \$224.00

Extended hours fee: \$10.00 per hour

Other _____

Tuition \$ _____ Weekly Bi-Monthly Monthly

Name of Parent/Gaurdian responsible for tuition payment _____

Additional Information

Signatures

By signing below you agree that all information is accurate and current. You also agree to the financial obligation and will make tuition payments on time.

Father/Gaurdian signature _____ Date _____

Mother/Gaurdian signature _____ Date _____