



2011-2012 REGISTRATION FORM

STUDENT INFORMATION

New Registration Renewal

Student's Name: Last First Middle

Student's Email Address: Student's Cell Phone:

Student's Sex: Male Female

Birthday: / / Age: Grade:

High School Graduation Year (High School Only):

Participating in CLA Graduation Ceremony (Seniors Only): Yes No

Please include a photo of the entire family with your registration.

FAMILY INFORMATION

Father's Name: Father's Cell Phone No.

Father's Place of Employment:

Business Phone No.

Marital Status:

Mother's Name: Mother's Cell Phone No.

Mother's Place of Employment:

Business Phone No.

Marital Status:

Family Street Address:

City/ State/ Zip Code:

Primary Phone No. Primary E-mail:

Primary teacher at home with the student during school hours:

Church family attends: Name City

**REQUIREMENTS**

Are all school aged children registered at a Private Christian Homeschool:  Yes  No

Father has signed the CLA Statement of Faith:  Yes  No

Mother has signed the CLA Statement of Faith:  Yes  No

Both parents have signed the Parent Agreement:  Yes  No

Member of HSLDA:  Yes  No

Membership No. \_\_\_\_\_

Expiration Date \_\_\_\_\_

Group Discount:  CLA  Other \_\_\_\_\_

**Note: If you answered “No” to any of the above statements, your student does not qualify for enrollment.**

Names of other children in the family:

<u>Name</u>	<u>DOB</u>	<u>Grade</u>	<u>School</u>
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**PAYMENT INFORMATION**

Paid 2011-2012 Enrollment Fee:  Yes  No

Paid 2011-2012 Tuition in full:  Yes  No

**OR**

Will pay 2010-2011 tuition in 10 monthly payments Beginning Aug. 15, 2010 and ending May 15, 2011.  Yes  No

\*\* Christian Life Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at Christian Life Academy. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other Christian Life Academy administered programs.

6/14/2011

School Registration Form.doc

**Statement of Faith**

1. I believe the Bible to be the inspired Word of God, the final authority for faith and life, inerrant in the original writings, infallible and God-Breathed. (2 Timothy 3:16 – 17, 2 Peter 1:19-21).
2. I believe that there is one God, eternally existent in three persons; Father, Son, and Holy Spirit. (Colossians 1:16-19, John 14:9-28, Matthew 28:19).
3. I believe in the deity of our Lord Jesus Christ, His virgin birth, in His sinless life, in His miracles, in His atoning death through His shed blood, in His bodily resurrection, in His ascension and His personal return in power and glory. (Hebrews 1, 1 Peter 2:24, Acts 5:30, Acts 1:10).
4. I believe salvation is the gift of God brought to man by grace and received by faith in the Lord Jesus Christ, whose precious blood was shed on Calvary for the forgiveness of my sins. (Eph. 2:8-9, Titus 3:5-6, John 3:14-17, Romans 10:9-10).

By faith I have accepted Jesus Christ as my Lord and Savior for the forgiveness of my sins that lead to eternal life.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

**Statement of Faith**

5. I believe the Bible to be the inspired Word of God, the final authority for faith and life, inerrant in the original writings, infallible and God-Breathed. (2 Timothy 3:16 – 17, 2 Peter 1:19-21).
6. I believe that there is one God, eternally existent in three persons; Father, Son, and Holy Spirit. (Colossians 1:16-19, John 14:9-28, Matthew 28:19).
7. I believe in the deity of our Lord Jesus Christ, His virgin birth, in His sinless life, in His miracles, in His atoning death through His shed blood, in His bodily resurrection, in His ascension and His personal return in power and glory. (Hebrews 1, 1 Peter 2:24, Acts 5:30, Acts 1:10).
8. I believe salvation is the gift of God brought to man by grace and received by faith in the Lord Jesus Christ, whose precious blood was shed on Calvary for the forgiveness of my sins. (Eph. 2:8-9, Titus 3:5-6, John 3:14-17, Romans 10:9-10).

By faith I have accepted Jesus Christ as my Lord and Savior for the forgiveness of my sins that lead to eternal life.

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Date

**2010-2011 Parent Agreement**  
(One per family)

1. Agree to attend at least 4 of 8 Parent Seminars
2. Agree to submit tuition payments, which is our financial obligation to Christian Life Academy (CLA)
3. Agree to input student attendance at the end of each week during the school year
4. Agree to input course grades according to the Christian Life Academy calendar
5. Agree that one parent is at home during school hours and teaching at least 180 days during the school year
6. Christian Life Academy sponsors school related activities which may be photographed. These photographs may be used in CLA Newsletters, website, or other promotion information. We hereby give consent for CLA to include photographs of our students in such promotional information.

By signing below, you agree with the statements above.

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

**Faculty Information Form**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**High School Education**

High school attended: \_\_\_\_\_

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

Last year attended: \_\_\_\_\_ Graduated?    Yes    No

**College Education**

College attended: \_\_\_\_\_

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

Degree: \_\_\_\_\_

Teaching Credential? \_\_\_\_\_

**List Teaching Experience**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List Teacher Training or Other Educational Related Training**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Release Form**

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of last Tetanus Booster \_\_\_\_\_

Health problems, medical or food allergies \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I (We) the undersigned parent, parents, or guardians of the minor child named above, do hereby authorize and consent to any X-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of the medical staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Health Services. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that every effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. The undersigned also assumes the responsibility for any of the costs connected with such treatment and hereby releases the leaders and members of Christian Life Academy from any liability therefore.

This release form is completed and signed of my own free will with the sole purpose of authorizing medical treatment under any emergency circumstance in my absence.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Emergency Phone Number

\_\_\_\_\_  
Street address/ City/ Zip

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Insurance Company and Policy #

\_\_\_\_\_  
Office Phone



## **New Students Only**

### **Parent Authorization for Release of School Records**

In accordance with the Family Educational Rights and State Law, I hereby authorize the release to the school named below of all records, including grades and health records, as well as psychological, social, educational or developmental information regarding the following pupil(s):

\_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_ Birth date: \_\_\_\_\_ Grade: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### **Last School Attended**

Name: \_\_\_\_\_

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

\_\_\_\_\_

### **Please send records to:**

Christian Life Academy  
613 West Valley Parkway, Suite 245  
Escondido, CA 92025

Phone: (760) 741-1233

Fax: (760) 741-1333

**PROPOSED COURSE OF STUDY**  
**Grades 1-8**

STUDENT'S NAME: \_\_\_\_\_  
LAST
FIRST
MIDDLE

BIRTHDAY: \_\_\_\_\_ AGE: \_\_\_\_\_ GRADE: \_\_\_\_\_ ACADEMIC YEAR: \_\_\_\_\_

Subject	Book Title / Publisher	Book Title / Publisher	Book Title / Publisher	Book Title / Publisher	Semester 1 2

## 2011-2012 School Calendar

SEPTEMBER 2011						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

September 5: Labor Day  
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Feb 20: President's Day  
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**September 30: Parent Meeting\***  
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**February 17: Parent Meeting\***  
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September 6: Start of Quarter 1

FEBRUARY 2012						
S	M	T	W	Th	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29			

OCTOBER 2011						
S	M	T	W	Th	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

April 2-6: Easter Break  
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**October 21: Parent Meeting\***  
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March 23: End of Quarter 3  
--  
March 26: Start of Quarter 4

MARCH 2012						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

NOVEMBER 2011						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

Nov. 11: Veterans Day  
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Nov. 24-25: Thanksgiving Break  
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**November 18: Parent Meeting\***  
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**April 20: Parent Meeting\***  
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November 4: End of Quarter 1  
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November 7: Start of Quarter 2

APRIL 2012						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

DECEMBER 2010						
S	M	T	W	Th	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Dec. 19-30: Christmas Break  
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May 30: Memorial Day  
--  
**May 18: Parent Meeting\***

MAY 2012						
S	M	T	W	Th	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

JANUARY 2012						
S	M	T	W	Th	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

Jan. 16: Martin Luther King Day  
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June 16: Graduation\*  
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**January 12: Parent Meeting\***  
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January 20: End of Quarter 2  
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January 23: Start of Quarter 3  
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June 1: End of Quarter 4

JUNE 2012						
S	M	T	W	Th	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

\* Tentative Date