

**NorthPointe Christian Schools**  
 3101 Leonard St. NE, Grand Rapids, MI 49525  
**2010-2011 Home and School Partnership Enrollment Form**

**Home Information: (Where student lives)**

Parent/Guardian's Last Name \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Publish (circle) Y N Church Attending \_\_\_\_\_  
 Father's Cell Phone \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_  
 Father's email \_\_\_\_\_ Publish (circle) Y N Mother's email \_\_\_\_\_ Publish (circle) Y N  
 Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_ Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

| <u>Student Information</u><br>Full Given Name | Birthdate | Sex<br>M/F | Grade<br>Entering | CAP | Friday Program |        |
|---|-----------|------------|-------------------|-----|----------------|--------|
|   |           |            |                   |     | Sem. 1         | Sem. 2 |
|   |           |            |                   |     |                |        |
|   |           |            |                   |     |                |        |
|   |           |            |                   |     |                |        |
|   |           |            |                   |     |                |        |
|   |           |            |                   |     |                |        |

**Non-Custodial Parent:**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
**Parent-School Communications Desired** (please circle) Report Cards Student Only Mailings General Mailings Email Mailings All Communications None

**Other Children:** Please list the names and ages of other pre-school/school age children in your family whom are not enrolled at NPCS

| Full Name | Birthdate | Sex M/F | School Presently Attending |
|-----------|-----------|---------|----------------------------|
|           |           |         |                            |
|           |           |         |                            |

**Emergency Contacts:** Parents will be contacted first in case of emergency, please give additional contacts.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

**Grandparent Information** (for purposes of mailings) Please send mailings Y N Please send financial solicitations Y N  
 Name \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**STUDENT INFORMATION**

List Chronic illness (e.g. Asthma), Physical Limitations (e.g. Hearing, speech, heart), and allergies (e.g. food, medications, latex)

Student name \_\_\_\_\_ Illness, Limitation or Allergy (Please be specific—use additional paper if necessary)

\_\_\_\_\_

\_\_\_\_\_

**YOU MUST SIGN TO GIVE NORTHPOINTE CHRISTIAN SCHOOLS PERMISSION TO ADMINISTER ANY MEDICATION:** Please **list any** approved medications (e.g. Tylenol, Motrin, Prescription drugs, etc.)

Student Name \_\_\_\_\_ Medication \_\_\_\_\_ Dosage \_\_\_\_\_ Time to be administered \_\_\_\_\_ By school office or self \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**MEDICAL RELEASE**

In case of accident or serious illness, I understand that NorthPointe Christian Schools staff will make every effort to contact me; however if the school is unable to reach me, I authorize them to call the physician indicated below for instructions. If it is not possible to contact this physician, the school may obtain treatment as they deem necessary. I agree to hold NPC harmless for any claim or action that might arise on behalf of myself, or my sons/daughters, other than willful, wanton, or reckless misconduct of NPC, its employees, or volunteers.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

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**PERMISSION TO PUBLISH PHOTOGRAPHS**

I hereby grant NorthPointe Christian Schools and their legal representative, the absolute right and permission to copyright and use photographic portraits or pictures of me and/or my child(ren), in whole or in part, in promotional materials, such as the Advantage, brochures, and NPC web site. **Please note:** Names will never be published with pictures on the web site.

- \* I hereby waive any right I may have to inspect or approve the finished product or products.
- \* I hereby release NorthPointe Christian Schools, and their representative from any liability for any violation of any personal or proprietary right I may have in connection with the use of the above stated images.
- \* I hereby warrant that I am of legal age and have every right in my own name and in the above regard. I have read the above authorization, release and agreement and I am fully familiar with its contents.

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

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**PERMISSION TO ATTEND FIELD TRIPS**

I grant my NorthPointe Christian Schools pre-school through 12th grade student(s) permission to ride a bus to attend all school sponsored field trips announced through teachers and newsletters during the 2010-2011 school year.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**NORTHPOINTE CHRISTIAN SCHOOLS**  
 3101 Leonard NE, Grand Rapids, MI 49525  
**2010-2011 Home and School Partnership Tuition Agreement Form**

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Party/Parties responsible for payment if other than parent \_\_\_\_\_

| Student(s) Full Given Name | Grade Entering | CAP | Friday Program |        |
|----------------------------|----------------|-----|----------------|--------|
|                            |                |     | Sem. 1         | Sem. 2 |
| 1. _____                   |                |     |                |        |
| 2. _____                   |                |     |                |        |
| 3. _____                   |                |     |                |        |
| 4. _____                   |                |     |                |        |
| 5. _____                   |                |     |                |        |

| <u>Tuition Rates</u>                  | <u>One/Two Pay</u> | <u>10 Month</u> | <u>Per Month</u> |
|---------------------------------------|--------------------|-----------------|------------------|
| Friday Enrichment Grade 1-6           | \$996              | \$1060          | \$106            |
| Friday Enrichment Grade 7-8           | \$1016             | \$1080          | \$108            |
| 2-day Core Academic Program Grade 1-6 | \$2400             | \$2550          | \$255            |
| 2-day Core Academic Program Grade 7-8 | \$2610             | \$2770          | \$277            |

**Payment Method - Choose one**

- \_\_\_\_\_ One-pay by July 1  
 \_\_\_\_\_ Two-pay by July 1 and December 1  
 \_\_\_\_\_ 10-monthly payments July 5 - April 5 **through FACTS**

**Enrollment Fees Per Family**

- Paid before June 1 \$25  
 Paid June 1-30 \$75  
 Paid after July 1 \$125

**Financial Agreement Statement**

- As stated above, a non-refundable enrollment fee for each family is enclosed with this form. I understand my student is not enrolled until this is paid and I have made the appropriate down payment. The undersigned fully understands and agrees to pay tuition by the designated method chosen above. I understand any payment not made on time will be assessed a \$15 late fee for every month it is unpaid. I agree to pay these late fees.
- The Financial Agreement Statement and payment method as recorded above is hereby acknowledged and agreed to by the undersigned:

Father \_\_\_\_\_ Date \_\_\_\_\_ Mother \_\_\_\_\_ Date \_\_\_\_\_

Legal Guardian (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

|  |               |                 |                   |
|--|---------------|-----------------|-------------------|
| Office Use Only:   |               |                 |                   |
| Enrollment fee paid _____  | Check # _____ | Date Paid _____ | Received by _____ |
| Down-payment received _____  | Check # _____ | Date Paid _____ | Received by _____ |
| Payment in full received _____   | Check # _____ | Date Paid _____ | Received by _____ |
| <i>NorthPointe Christian Schools does not discriminate on the basis of race, color, or national and ethnic origin.</i> |               |                 |                   |