

**FAMILY APPLICATION**  
(Confidential)

CLAREMORE CHRISTIAN SCHOOL  
1055 W. Blue Starr Dr. Claremore, OK 74017  
Phone: 918-341-1805 Fax: 918-341-1011  
[www.claremorechristian.com](http://www.claremorechristian.com)

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Family Last Name	First Name
Mr. _____	_____
Mrs. _____	_____

List each child for whom you are applying and circle the corresponding relationship to that child.

_____	Natural Father	Stepfather	Grandfather	Other _____
_____	Natural Mother	Stepmother	Grandmother	Other _____
_____	Natural Father	Stepfather	Grandfather	Other _____
_____	Natural Mother	Stepmother	Grandmother	Other _____
_____	Natural Father	Stepfather	Grandfather	Other _____
_____	Natural Mother	Stepmother	Grandmother	Other _____

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

Home Telephone: \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

**EMPLOYMENT**

Father's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Work Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parents listed above will be notified first. Please list 2 other people to notify in case of an emergency. Only these individuals will be allowed to pick up your child without prior notice.

Name	Phone #	Other #	Relationship to Student
_____	_____	_____	_____
_____	_____	_____	_____

Claremore Christian School does not discriminate on the basis of race, sex, nationality, or ethnic origin.

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### CHURCH RELATIONSHIP

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Name of Church Attending: \_\_\_\_\_  
Church Address: \_\_\_\_\_  
Church Phone: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

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### MEDICAL INFORMATION

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Person Financially Responsible: \_\_\_\_\_  
Health Insurance Co.: \_\_\_\_\_  
Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Dentist's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

In case of an emergency illness or accident, the child is given first-aid and the parent(s)/guardian(s) are notified. If the parent(s)/guardian(s) or the child's doctor cannot be located, the child will be taken to the emergency room.

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### GENERAL INFORMATION

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How did you hear about Claremore Christian School? \_\_\_\_\_  
Please state why you would like your child(ren) to attend Claremore Christian School:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CCS SERVICE COMMITMENTS

As parents of students we are committed to our children and desire to be involved in their education. In order to maintain the "co-op" system and the realization that this is "our school", we encourage involvement through the service commitment. CCS cannot be all that we desire without your help.

**We will have each family sign up for their area of service at the first Parent/Faculty meeting.**  
**Areas of service may include:**

- Teacher Aid in the elementary
- Substitute teach
- Concession / Gate Worker
- Lunch Room Helper
- Homeroom Parent
- Elementary Fun Day in May
- Junior/Senior Fun Day in May
- Specific projects chosen for each year

**\*All parents of Juniors** will automatically be put on the Banquet Committee.



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**DISCIPLINE POLICY**

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Claremore Christian School believes that loving discipline is necessary for the positive development and welfare of the student as well as maintaining a positive climate within the school. The expectation at Claremore Christian School is that parents should take a primary role in maintaining a student's proper alignment with Claremore Christian School principles as outlined in the institutional handbook. As parents, we understand and agree that discipline is a vital component of any school system. We hereby consent that our child/ren, in necessary circumstances, may be disciplined in the educational process of our child in accordance with institutional handbook guidelines.

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**PARENTAL RELEASE**

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My child has permission to participate in any activity of Claremore Christian School provided that proper supervision by authorized adults is applied. I/We, the parent/guardian, agree that I/We will abide by the rules of Claremore Christian School and its adult sponsors. Recognizing the possibility of physical injury associated with these activities, and in consideration of Claremore Christian School, I/We hereby release, discharge, and/or otherwise indemnify Claremore Christian School, its administrators, school board, teachers, associated personnel, and Church at Claremore against any claim by or on behalf of the student herein, as a result of the dependent's participation in such activities and/or being transported to or from the same, which transportation I/we hereby authorize.

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**PAYMENT SCHEDULE**

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Tuition payment is due on the first of each month. A ten-day grace period will be given with full payment to be made by the 10<sup>th</sup> of the month. Tuition will be considered delinquent after the tenth. A letter will be sent out on the 20<sup>th</sup> of the month. If tuition has not been paid and the office has not been contacted for special consideration by the last day of the month, the parents will be asked to remove their children from Claremore Christian School. First tuition payment is due August 2<sup>nd</sup>.

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**EMERGENCY MEDICAL POLICY**

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In the event of an emergency where medical treatment or hospital care is required, I/we authorize an adult in whose care my child has been entrusted to, consent to an X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to my child under the general or special supervision on the advice of any physician or dentist licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my child.

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Signature \_\_\_\_\_  
Father/Legal Guardian Date

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Signature \_\_\_\_\_  
Mother/Legal Guardian Date