

# Heritage Christian School

## Previous Family Enrollment Application

2021-2022

For Families who Left HCS and are now returning



(858)541-2254 Voice  
(858)541-2210 Fax

www.hcssd.org  
mail@hcssd.org

If you are CURRENTLY ENROLLED and are just re-enrolling for the next year, DO NOT USE THIS FORM.

### Contact Information:

Last Name \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone Numbers (\_\_\_\_\_) \_\_\_\_\_ (home) (\_\_\_\_\_) \_\_\_\_\_ (fax)

Cell # (\_\_\_\_\_) \_\_\_\_\_ (father) (\_\_\_\_\_) \_\_\_\_\_ (mother)

E-Mail Addresses: (General) \_\_\_\_\_ @ \_\_\_\_\_

(Billing) \_\_\_\_\_ @ \_\_\_\_\_

(Father) \_\_\_\_\_ @ \_\_\_\_\_

HSLDA Account # **(MANDATORY)** \_\_\_\_\_ Group # \_\_\_\_\_ Expires \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

First Aid allowed  Yes  No

Medical Treatment Allowed  Yes  No

### Please Select Service Level:

Academy Service

Full Service

Basic Service (out-of-county only)

Class Day Service **(Please Select Class Day location below)**

Bonita

Del Cerro

East County

La Mesa

# Heritage Christian School

"Behold, children are a heritage from the Lord." Psalm 127:3



Church Name \_\_\_\_\_ Attend Regularly?      Y      N

## Parent Information:

**Primary Teaching Parent** \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Work Phone Number \_\_\_\_\_ Parent in the Home?      Y      N

**Spouse** \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Work Phone Number \_\_\_\_\_ Parent in the Home?      Y      N

**Other Parent/Guardian** \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Work Phone Number \_\_\_\_\_ Parent in the Home?      Y      N  
Educational Qualifications \_\_\_\_\_  
Testimony of Salvation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Consent to HCS Policy and Statement of Faith

**Please read the Statement of Faith and HCS Policies in the HCS Parent Handbook or on the HCS website.  
If you agree with and will abide by these policies, please sign and return with your enrollment fee.**

*We have reviewed the Statement of Faith and HCS Policies and agree to abide by them. We understand that the services of the school are engaged by mutual consent and that either we or Heritage Christian School reserve the right to terminate any and all services at any time by written notification.*

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

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

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## Student(s) to be enrolled for 2021-2022:

Child One \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
*First / Middle / Last*

**(Mandatory)**

Gender:  Male  Female Grade Level 2021-2022\_\_\_\_  Academy  Full Service  Class Day  Basic out-of-area

Ethnic Origin:  American Indian or Alaskan Native  Asian or Pacific Islander  Black  Hispanic  White

Allergies/Health Problems: \_\_\_\_\_

Previous School Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Complete Address \_\_\_\_\_

**(Mandatory)**

Child Two \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
*First / Middle / Last*

**(Mandatory)**

Gender:  Male  Female Grade Level 2021-2022\_\_\_\_  Academy  Full Service  Class Day  Basic out-of-area

Ethnic Origin:  American Indian or Alaskan Native  Asian or Pacific Islander  Black  Hispanic  White

Allergies/Health Problems: \_\_\_\_\_

Previous School Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Complete Address \_\_\_\_\_

**(Mandatory)**

Child Three \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
*First / Middle / Last*

**(Mandatory)**

Gender:  Male  Female Grade Level 2021-2022\_\_\_\_  Academy  Full Service  Class Day  Basic out-of-area

Ethnic Origin:  American Indian or Alaskan Native  Asian or Pacific Islander  Black  Hispanic  White

Allergies/Health Problems: \_\_\_\_\_

Previous School Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Complete Address \_\_\_\_\_

**(Mandatory)**

Child Four \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
*First / Middle / Last*

**(Mandatory)**

Gender:  Male  Female Grade Level 2021-2022\_\_\_\_  Academy  Full Service  Class Day  Basic out-of-area

Ethnic Origin:  American Indian or Alaskan Native  Asian or Pacific Islander  Black  Hispanic  White

Allergies/Health Problems: \_\_\_\_\_

Previous School Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Complete Address \_\_\_\_\_

**(Mandatory)**

Heritage Christian School is a non-profit 501(c)(3) corporation and does not discriminate on the basis of race, color, national origin, or ethnicity.

# Heritage Christian School

*"Behold, children are a heritage from the Lord." Psalm 127:3*



## ENROLLMENT AND TUITION

The tuition fee statement is available [on-line](#) or may be requested from the office.

**Enrollment Fee** – Due July 15<sup>th</sup> \$ \_\_\_\_\_

(Base fee \$95, plus \$60 per student. Family maximum enrollment fee - \$215, regardless of student number.)

**Please indicate type of service you are enrolling for:**

ACADEMY

FULL SERVICE with K-8<sup>th</sup>

BASIC Out-of-Area K-8<sup>th</sup>

CLASS DAY K-8<sup>th</sup> with \_\_\_\_ students

FULL SERVICE with K-12<sup>th</sup>

BASIC Out-of-Area \_\_\_\_ 12<sup>th</sup>

CLASS DAY K-12<sup>th</sup> with \_\_\_\_ students

Circle Class Day Location(s):    BN   DC   EC   LM

**Please select Tuition Payment Schedule:**

Prepaid Annual Tuition \$ \_\_\_\_\_

Ten Monthly Installments – September 1<sup>st</sup> through June 1<sup>st</sup> \$ \_\_\_\_\_

**Monthly Tuition Payment Options:**

Emailed Statement. Bill & Pay Account Access. Payments due by the 10<sup>th</sup> of the month to avoid the \$15 late fee.

Automatic Recurring Payment processed by the office on the 5<sup>th</sup> of the month. No emailed invoice. No late fee with updated payment method below. **(for tuition only)**

**Payment Information:**

**Credit or Debit Card Transactions:** (Convenience Fees are charged for monthly tuition payments paid by debit or credit cards.



Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_      CVV: \_\_\_\_\_      Billing Zip: \_\_\_\_\_

**E-Check Transactions:** (No Fees Charged for Bank Drafts)

Routing # \_\_\_\_\_      Bank Account # \_\_\_\_\_

**Please process my payment today for: \$ \_\_\_\_\_**

**Authorized by: \_\_\_\_\_**

**Check Enclosed:**

Date:	Description:	Check #	Amount: \$
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Please return this enrollment form to HCS.

**Acceptance of Enrollment in Heritage Christian School is not final until approved by the HCS Administration.**