

Heritage Christian School

Previous Family Enrollment Application

2022-2023

For Families who Left HCS and are now returning



(858)541-2254 Voice
(858)541-2210 Fax
mail@hcssd.org

www.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

Out-of-County

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

Bonita

Clairemont

Del Cerro

East County

Escondido

Church Name _____

Attend Regularly? Y N

Heritage Christian School

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



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 _____

Heritage Christian School

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Student(s) to be enrolled for 2022-2023:

Child One

First / Middle / Last

Date of Birth (Mandatory)

Gender: Male Female Grade Level 2022-2023 _____ Academy Full Service Class Day Out-of-County

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

First / Middle / Last

Date of Birth (Mandatory)

Gender: Male Female Grade Level 2022-2023 _____ Academy Full Service Class Day Out-of-County

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

First / Middle / Last

Date of Birth (Mandatory)

Gender: Male Female Grade Level 2022-2023 _____ Academy Full Service Class Day Out-of-County

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

First / Middle / Last

Date of Birth (Mandatory)

Gender: Male Female Grade Level 2022-2023 _____ Academy Full Service Class Day Out-of-County

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

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ENROLLMENT AND TUITION

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

Enrollment Fee – Due July 15th (Additional \$25 for registrations after July 15th) \$_____

(First student \$95, \$60 for 2nd & 3rd students. Family maximum for returning families is \$215)

Please indicate Service Level you are enrolling for:

ACADEMY

FULL SERVICE with K-8th

FULL SERVICE with K-12th

Out-of-County K-8th

Out-of-County K-12th

CLASS DAY K-8th with ____ students

CLASS DAY K-12th with ____ students

Circle Class Day Location(s): BN CMT DC EC ESC

Please select Tuition Payment Schedule:

Prepaid Annual Tuition

\$_____

Ten Monthly Installments – September 1st through June 1st

\$_____

Monthly Tuition Payment Options:

Monthly Statement Emailed. Bill & Pay Account Access. Payments due by the 10th to avoid the \$25 late fee.

Automatic Recurring Payment processed by the 5th of the month. No emailed invoice. No late fee if payment method is current.

Payment Information:

Credit or Debit Card Transactions: (3% Convenience Fee charged for ALL debit or credit transactions.)



Card # _____ - _____ - _____ - _____ Exp: _____

Cardholder Name: _____ CVV: _____ Billing Zip: _____

E-Check Transactions: (\$3 transaction Fee Charged for Bank Drafts)

Routing # _____ Bank Account # _____

Check Enclosed:

Date: _____ Description: _____ Check # _____ Amount: \$ _____

Please return this enrollment form to HCS.

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

HERITAGE CHRISTIAN SCHOOL OF SAN DIEGO
A California Nonprofit Religious Corporation

GENERAL RELEASE AND WAIVER OF LIABILITY

HCS Family Parent/Guardian Name(s)

- I agree to direct my student(s) to cooperate and conform with the directions, policies, rules and instruction of the school personnel responsible for each **school activity**.
- I am not aware of any medical condition of my student(s) which would render it inappropriate for them to participate in school activities, and I assume the risk of any unknown medical condition my student(s) may have that might be affected by a school activity.
- I hereby give permission to the physician and/or health care provider selected by Heritage Christian School of San Diego personnel/parent/teacher/instructor/coach present to render medical treatment deemed necessary and appropriate by the physician or health care provider.

**RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF
THE RISK AND INDEMNITY:**

- As consideration for my student(s) being permitted to participate in a school activity, I, individually and as the parent or guardian of my student(s) agree to forever release, discharge and hold harmless from any legal and/or other liability and agree not to sue Heritage Christian School of San Diego its employees, agents, representatives, officers, directors, coordinators, staff, parents, volunteers, assigns, heirs, next of kin, and/or estates (hereafter collectively "HCS") arising out of any liability, costs, fees, damages, judgments, injuries, physical or psychological, death, or personal or real property damage resulting from participation of my student(s) in any school activity whether or not such liability, costs, fees, damages, injury, or death was caused by the negligence and/or default of HCS.
- I understand that my student(s) participation in any school activity involves inherent risks of injury, including, but not limited to, falls, loss of control, collisions, accidents, and physical and/or psychological injuries and I agree to assume all risks and all liabilities to my student(s) connected with any school activity.
- I, individually and as parent or guardian of my student(s), hereby agree to indemnify HCS from any and all liability, loss, costs, claims, fees, judgments or damage HCS may suffer arising out of or related to, or on behalf, or because, of my student(s), or by a third party, or as a result of, the negligence or default of HCS.
- I understand and agree that this Release and Waiver of Liability form relates and binds the undersigned, including family, heirs, assigns, agents, legal representatives, administrators, trustees, estates and any other interested person(s) or entity.

I have read the Release and Waiver of Liability form and fully understand its terms, and understand that I, individually and as parent or guardian of my student(s), have given up substantial rights by signing it and have signed it freely and voluntarily. And I intend my signature to be complete and unconditional release of all liability to the greatest extent allowed by law.

HCS Family Parent/Guardian Signature

Date

HCS Family Parent/Guardian Name (*printed*)