

Application for Enrollment



2023-2024

For office use only

Accepted by

Date/Time

Grade Enrolled

Reg Fee Paid

Birth Certificate (Kindergarten)

LEARN Academy

Grade Entering

Last Name		First Name		Middle Name	
Home Address			City		Zip
Birthplace		Date of Birth		Age	Male Female
ALTERNATE CONTACTS: (NOT PARENTS)	Name #1	Phone ()		Relationship to Student	
	Name #2	Phone ()		Relationship to Student	
School Last Attended		Address			
Has your child been retained in a grade before? Yes <input type="checkbox"/> No <input type="checkbox"/> Please explain:					
If your child has had any disciplinary or emotional problems in school, please explain.					
Has your child ever been in trouble which led to contact with the police or juvenile authorities? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, please explain.			
Does your child have a learning difficulty, IEP, or 504 Plan? Yes <input type="checkbox"/> No <input type="checkbox"/> ALL resource services require additional LEARN Academy enrollment and fees Elect to Enroll in LCS L.E.A.R.N. Academy Yes <input type="checkbox"/> No <input type="checkbox"/> (Must make appointment with LEARN Academy director at time of registration)					
Church currently attending		Church email			
Father (or Male Guardian) Name		Work Phone ()		Cell Phone ()	
Occupation/Company Name		Father's E-mail			
Mother (or Female Guardian) Name		Work Phone ()		Cell Phone ()	
Occupation/Company Name		Mother's E-mail			
(Circle one) Marital Status: Married Divorced Separated Single Parent		If child is not living with both mother and father please explain with whom he/she lives:			
Please state the reasons why you wish your child to attend Liberty Christian:					

(over please)

Permission and Release 2023-2024



Parent/Guardian Permission to Participate

I hereby give my permission for my child(ren) to engage in activities at Liberty Christian School. This consent extends to participation in all educational, athletic and group activities, including school sponsored field trips away from the school premises.

Statement of Cooperation/Release of Liability/Assumption of Risk

- I give permission for my child's likeness to be used in various media and advertising.
 - I understand that the standards of Liberty Christian School do not tolerate, by student, parent or family member, profanity or obscenity in word or action, dishonesty or disrespect to personnel of the school.
 - I understand that as a ministry of CrossPoint Church, it is the aim of Liberty Christian School to lead students to a saving knowledge of Jesus Christ and to develop Christian character in their lives.
 - I understand that I must maintain complete support and cooperation with Liberty Christian School in order for my child to remain enrolled in Liberty Christian School.
 - I understand and agree to authorize Liberty Christian School to employ such discipline as it deems wise and expedient for my child.
 - Realizing that my attitude toward the personnel and policies of Liberty Christian School affects the emotional and academic stability of my child, I will support and uphold the ideals of the school and will abide by the discipline and regulations of Liberty Christian School.
 - I understand that, in the event of a conflict with Liberty Christian School or its employees, I will not pursue legal action in the court system. I will attempt to resolve the conflict in a Biblically based manner by going to the appropriate individual and then their supervisors. Any conflict settled outside of the school or church will be settled by a mutually agreed upon Christian Conciliation service in Orange County, CA.
- I understand that there are certain dangers, hazards, and risks inherent in educational activities, and have signed this document in full recognition and appreciation of the dangers of these activities, which dangers include, but are not limited to, physical injuries (minimal, serious, catastrophic) and/or property loss or damage. I assume this risk and take on all responsibilities in any activities associated with Liberty Christian School. In consideration of, and in return for, the service, facilities and other education provided to students by Liberty Christian School, I, along with any of my assignees, heirs, and legal representatives release Liberty Christian School, CrossPoint Church and all personnel, employees, tutors, teachers, directors, and officers of these entities, from any and all liability, claims and actions that may arise from injury, harm or death to my student and from loss or damage to my student's property in connection with these activities. I understand that this release covers liability, claims and actions caused entirely or in part by any acts or failure to act by these individuals and entities, including but not limited to negligence, mistake, or failure to supervise by these individuals or entities or any of their personnel, employees, tutors or teachers.

Financial Agreement

I affirm that I am financially capable of maintaining my enrollment for my child(ren) for the entire school year. I understand that if my payments are past due for more than 30 days, my child may not be allowed to attend school. If I withdraw my child(ren) while owing tuition, fees, or other charges, I give the school permission to withhold school records until all tuition and fees are paid.

I understand that if I need to withdraw my child(ren) from Liberty Christian School, I must give the school office a written 30 DAY NOTICE. I am responsible for 30 days of tuition from the date of that notice or a \$500 withdrawal fee (whichever is less) regardless of the date of my child's withdrawal or my child's enrollment status.

Signature of authorized parent or guardian is required



MEDICAL RELEASE OF LIABILITY

Student _____

Parent/Guardian Medical Release:

I hereby authorize Liberty Christian School personnel or authorized parties acting on behalf of the school to administer emergency medical treatment (first aid) to my child if it is deemed necessary and appropriate to preserve or aid the health and/or well being of my child. I further authorize Liberty Christian School personnel or authorized representative's thereof, that should it be deemed necessary and appropriate to secure emergency medical treatment beyond that which can be reasonably administered at the school or a school function, to contact and engage medical personnel qualified to administer necessary and appropriate emergency medical treatment to my child or transport my child to a facility that can administer appropriate medical treatment. In such cases I consent to the treatment of my child by emergency physicians or other professionally licensed health care providers as determined necessary to provide emergency medical care to my child. I understand and agree that I will be financially responsible for any and all expenses incurred in the treatment of my child. I understand that anytime emergency medical care becomes necessary or transportation to a medical care facility is necessary, Liberty Christian School personnel will make every effort to contact me as appropriate and without jeopardizing the care or treatment of the child.

I also understand that accident and medical insurance will be maintained for my child by me during the calendar year.

Parent Signature _____ **Date** _____

Parent Printed Name _____

Emergency Contact and Medical Information for Student

Child's Name	Date of Birth M F
	Gender
Parent's/Guardian's Name	Parent's/Guardian's Name
Cell Phone # Work Phone #	Cell Phone # Work Phone #
() ()	() ()
Address	Address
City, State Zip Code	City, State Zip Code

Alternative Emergency Contacts

#1 Emergency Contact: Relationship to student: Cell Phone # Work Phone # () ()	#2 Emergency Contact: Relationship to student: Cell Phone # Work Phone # () ()
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Medical Information

Hospital/Clinic Preference	
Physician's Name	Physician's Phone Number
Insurance Company	Policy Number
Is there any reason the student cannot participate in normal playground or athletic activities? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain:	

Allergies/Special Health Considerations/Physical, Emotional, or Social Limitations:

Current Medications: (If current medications change during the school year, please contact the school office.)

Recommendation Form



2023-2024

Applicant's Name:

Grade Entering:

Parent's Name:

Today's Date:

•To be filled out by a former teacher or close adult, family friend who is not related, and mailed or faxed directly to Liberty Christian School.

•The above student has applied for admission to Liberty Christian School. In order for us to make an intelligent selection of students and learn something of their needs before they come to us, we are asking information from you concerning the above candidate. The information which you supply will be treated with the utmost confidence, and we appreciate your straightforward answers to the questions. Please be sure to sign this form.

1. How long have you known the applicant? ☐ 1 year or less ☐ 1-2 years ☐ more than 2 years

2. Has the applicant had any serious emotional problems? ☐ Yes ☐ No

If yes, please explain.

3. To your knowledge, has the applicant ever been dismissed or refused admission from a school for any reason? ☐ Yes ☐ No

If yes, please explain.

4. Please check the applicant's primary interests as you know them.

☐ Artistic ☐ Religious ☐ Intellectual ☐ Athletic ☐ Musical ☐ Literary ☐ Scientific ☐ Social

5. Liberty Christian School endeavors to emphasize the student's personal relationship with God and the practice of the Christian life, which extends into matters of dress, conduct, and attitude. In your opinion:

Is this the kind of atmosphere into which the applicant would fit? ☐ Yes ☐ No

Would he/she want to be here? ☐ Yes ☐ No

Would he/she support the school and its program, or would he/she rebel against it? ☐ Support ☐ Rebel

6. Have you ever had occasion to question the applicant's moral character? ☐ Yes ☐ No

If yes, please explain.

7. Does the applicant have any specific learning problems? ☐ Yes ☐ No

If yes, please explain.

8. On the basis of your knowledge concerning the applicant's intellectual capacity, do you:

☐ Recommend ☐ Do not recommend ☐ Recommend with reservations

Signature

Date

Relationship (Pastor, Teacher, Friend, etc.)

(over please)

Recommendation Form (cont.)

2023-2024



Personality Traits (please check one trait in each category that best applies to this student)						
<i>Spiritual Life</i>	<input type="checkbox"/> Deeply spiritual	<input type="checkbox"/> Shows growth and separated living	<input type="checkbox"/> Average spirituality	<input type="checkbox"/> Small evidence of spiritual growth	<input type="checkbox"/> No interest in spiritual growth	<input type="checkbox"/> Do not know
<i>Initiative</i>	<input type="checkbox"/> Anticipates needs, resourceful	<input type="checkbox"/> Shows good initiative	<input type="checkbox"/> Average occasional initiative	<input type="checkbox"/> Requires some direction	<input type="checkbox"/> Requires constant supervision	<input type="checkbox"/> Do not know
<i>Responsibility</i>	<input type="checkbox"/> Capable of much responsibility	<input type="checkbox"/> Thoroughly dependable	<input type="checkbox"/> Usually reliable	<input type="checkbox"/> Shows some dependability	<input type="checkbox"/> Irresponsible, careless	<input type="checkbox"/> Do not know
<i>Influence on others</i>	<input type="checkbox"/> Unusually wholesome influence	<input type="checkbox"/> Consistently good influence	<input type="checkbox"/> Varying influence	<input type="checkbox"/> Passive, no positive influence	<input type="checkbox"/> Detrimental influence	<input type="checkbox"/> Do not know
<i>Acceptance by others</i>	<input type="checkbox"/> Sought after by others	<input type="checkbox"/> Well liked by others	<input type="checkbox"/> Liked by others	<input type="checkbox"/> Just tolerated by others	<input type="checkbox"/> Avoided by others	<input type="checkbox"/> Do not know
<i>Leadership</i>	<input type="checkbox"/> Inspiring and successful leadership	<input type="checkbox"/> Good leadership	<input type="checkbox"/> Assumes occasional leadership	<input type="checkbox"/> Tries, but usually fails at leadership	<input type="checkbox"/> Always a follower	<input type="checkbox"/> Do not know
<i>Emotional qualities</i>	<input type="checkbox"/> Of unusual emotional stability	<input type="checkbox"/> Consistently well balanced	<input type="checkbox"/> Usually well balanced	<input type="checkbox"/> Excitable or unresponsive	<input type="checkbox"/> Too emotional or apathetic	<input type="checkbox"/> Do not know

Liberty Christian School
 7661 Warner Ave.
 Huntington Beach, CA 92647
 714-842-5992
 714-848-7484 fax
www.libertychristian.org
info@libertychristian.org



LIBERTY CHRISTIAN SCHOOL

7661 Warner Avenue, Huntington Beach, CA 92647

Phone: 714-842-5992

Email: info@libertychristian.org

REQUEST FOR STUDENT RECORDS

To: Records Office/Registrar

School Last Attended: _____

Address: _____

Email: _____

The following student(s) who formally attended your school has enrolled in Liberty Christian School. Please accept this document as formal approval for the release of all official school records (including cumulative file, an official signed transcript, all testing information, official special education file, current health record, and immunization records), per school official's request. *Disregard if this is a duplicate request or if the cumulative file has already been sent.*

Student Name	Birthdate	Grade Entering
_____	_____	_____
_____	_____	_____
_____	_____	_____

Thank you,

Registrar

Liberty Christian School

Date Requested:

Blackbaud Tuition Management™

Enroll.blackbaud.school

LIBERTY CHRISTIAN SCHOOLS - 05717
7661 WARNER AVENUE
HUNTINGTON BEACH, CA 92647

0 5 7 1 7 2 3 1 8 0 8

PLEASE ENTER FAMILY INFORMATION

FIRST NAME OF PARENT/GUARDIAN/BILL PAYER

LAST NAME OF PARENT/GUARDIAN/BILL PAYER

2023 - 2024

*FIRST NAME OF ADDITIONAL AUTHORIZED PARTY

*LAST NAME OF ADDITIONAL AUTHORIZED PARTY

STREET ADDRESS OR P.O. BOX

APT#

CITY

STATE

ZIP CODE

COUNTRY

HOME TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

EMAIL ADDRESS (for email reminders for upcoming payments)

SELECT A PAYMENT METHOD

☐ I agree to make payments by mail, web or telephone. I agree to the following due date:

Your school allows the following due date(s):
1, 10

☐ I authorize Blackbaud Tuition Management to automatically debit my payments from the below provided

Your school allows the following due date(s):
1, 10

PLEASE DEBIT MY:

9 DIGIT ROUTING NUMBER

☐ CHECKING (PLEASE ATTACH A VOIDED CHECK) OR

☐ SAVINGS

BANK ACCOUNT NUMBER

Any Debit account linked to Blackbaud Tuition Management must be active and viable

PLEASE CHARGE MY:

☐ AMEX

☐ DISCOVER

☐ MASTERCARD

☐ VISA

CREDIT CARD NUMBER

EXPIRATION DATE

A 2.98% usage fee applies to all credit/debit card payments.

SELECT A PAYMENT PLAN

Plan S Payment(s) 10

Sep - Jun

Plan T Payment(s) 10

Aug - May

Plan N Payment(s) 11

Jul - May

Plan R Payment(s) 11

Aug - Jun

ENTER PLAN
LETTER HERE

ENTER STUDENT INFORMATION

Choose from the following grades: PK, K, 1 - 12

GRADE FIRST NAME OF STUDENT

LAST NAME OF STUDENT

FOR SCHOOL OFFICE USE ONLY

☐ THIS FAMILY IS ENROLLING LATE

☐ SPREAD BALANCE ACROSS REMAINING MONTHS OF PLAN

☐ COLLECT BALANCE IN FIRST MONTH

*OPTIONAL STUDENT ID

STUDENT

TUITION 1

STUDENT

TUITION 2

STUDENT

TUITION 3

STUDENT

TUITION 4

FAMILY TUITION SUBTOTAL

PLEASE READ AND SIGN

I have read and agree to the terms and conditions on the reverse side of this document. I agree that the school may re-enroll me in the Blackbaud Tuition Management (BBTM) payment program for each subsequent school year. I agree to pay the amount established by my school for the student(s) above by my specified due date. I realize that if I fail to have a payment posted or if there is an outstanding balance on my account by the specified due date, Blackbaud Tuition Management may contact me via email and text message and a follow up fee of \$40.00 will be assessed to my account. A \$30.00 fee will apply for any failed electronic transaction or dishonored check.

PRIMARY BILL PAYER

DATE

FEES & DISCOUNTS

If fees and discounts should be applied in addition to the tuition amounts included above, please contact your account manager.

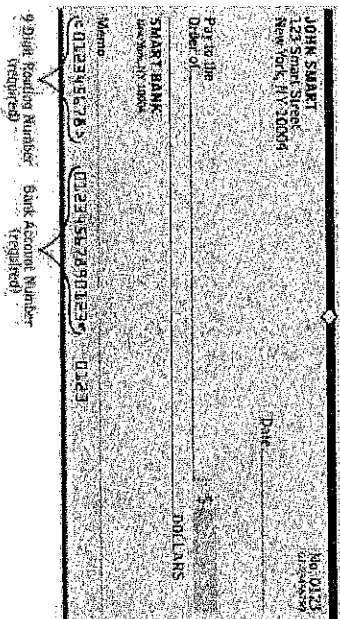
ANNUAL TOTAL DUE

PARENT INSTRUCTIONS

Please use capital letters and print clearly.

1. **ENTER FAMILY INFORMATION:** Provide us with all of the requested contact information. If desired, use the "Additional Authorized Party" field to allow another person to access your tuition account information and make payments on the account. Be sure to include your email address, as we may contact you regarding important account information.

2. **SELECT A PAYMENT METHOD:** If you choose to pay by mail you will receive a bill that will be due on the date selected. Please mail your payment at least seven days prior to the due date. If you select Auto - Debit, Blackbaud Tuition Management will debit your bank or credit card account on the debit date selected. If you choose to pay from your checking account, please include a voided check to ensure the accuracy of your information. On the bottom of every check, there is a 9 digit routing number that represents your bank (example below). It is typically located on the left side of the bottom of the check. Blackbaud Tuition Management can not process automatic payments if the routing number is missing.



Please choose one of the due dates from the available dates provided. If you choose a due date not approved by your school, your account will default to the latest due date available.

3. **SELECT A PAYMENT PLAN:** Please choose one of the plans offered by your school by putting the letter of the plan in the box. Payment plans are made available by your school and cannot be changed by Blackbaud Tuition Management without school permission.

4. **ENTER STUDENT INFORMATION:** Please write the name and grade of the children who will attend this school.

5. **PLEASE READ AND SIGN:** Please review the terms and conditions. The Primary Bill Payer must sign the form.

parent.blackbaud.school

TERMS AND CONDITIONS

The policies below are Blackbaud Tuition Management general terms and conditions. Not all policies listed below may be applicable to your school but are representative of Blackbaud Tuition Management policies, in general. Terms and Conditions are subject to change.

Blackbaud Tuition Management receives, processes, and deposits your payments into your school's bank account. Our secure website and customer service center are available to assist in answering your questions about your tuition payment plan.

REFUNDS: Blackbaud Tuition Management does not issue cash refunds. Overpayments will be carried on your account and credited to future tuition payments. All reimbursements or refunds must be arranged with your school.

CREDIT CARD PAYMENTS: Payments made with your debit and/or credit card are subject to credit card convenience fees.

LATE FEES: A late fee may be assessed by your school if balances due are not paid and posted by your established due date.

FOLLOW-UP SERVICE: Any payment that is not received by Blackbaud Tuition Management by your due date is considered late and may receive a late fee. In the event that your account becomes delinquent, Blackbaud Tuition Management may provide you school a follow-up service where Blackbaud Tuition Management may contact you via mail, telephone, or e-mail. Your account may be charged an additional fee as a result of this service. This fee is in addition to any late fees charged by your school.

FAILED PAYMENTS: A fee of \$30.00 will be applied to your account for any failed auto-debit and failed check payments. Your bank may impose additional fees.

AUTO-DEBIT TERMS (APPLIES TO AUTO-DEBIT ENROLLEES ONLY): By signing this enrollment form you agree to authorize Blackbaud Tuition Management to debit your account on the scheduled dates as described on the reverse side. If your auto-debit due date falls on a weekend or holiday, your account will be debited on the following business day. You agree that if any such debit is dishonored, for any reason, Blackbaud Tuition Management shall have no liability for any fees charged to you by your financial institution. Blackbaud Tuition Management will automatically reattempt any failed debits approximately 10 days after their failure. This authority will remain in effect until Blackbaud Tuition Management receives your written instruction to cancel auto-debit service. To cancel or stop a scheduled auto-debit payment, you must contact Blackbaud Tuition Management no later than 3 business days prior to the scheduled payment at (888) 868-8828.

PLEASE NOTE: Payments received in the mail take 1 business day to post. Blackbaud Tuition Management is not responsible for delivery delays when payments are sent via US mail. Please allow at least 5-7 business days for delivery.

TELEPHONE CONTACT: You consent to allow Blackbaud Tuition Management to call and/or text any telephone number: (i) you have provided to Blackbaud Tuition Management; (ii) that you have provided to the school relating to your Blackbaud Tuition Management account; (iii) from which you called us; or (iv) which we obtained and reasonably believe we can reach you. You agree that Blackbaud Tuition Management may call and/or text any of these telephone numbers with an automatic telephone dialing system, and calls may include an artificial/pre-recorded voice message. By providing us with a telephone number, you represent that you are either the subscriber or regular user of the telephone number. You further agree to notify us immediately if any telephone number you provide to us is no longer used by you.

BLACKBAUD TUITION MANAGEMENT PRIVACY POLICY: We do not disclose any personal information about our families to anyone, except as permitted by law. Blackbaud Tuition Management has adopted numerous procedures to protect the confidentiality of school and family information. We adhere to the Payment Card Industries Standard for storing family information.

BLACKBAUD TUITION MANAGEMENT SECURITY POLICY: Access to your personal and account information is restricted to those employees who need to know that information as part of their job, to service your account, or to provide products and services to you. We maintain physical, electronic, and procedural safeguards that are reasonably designed to guard your non-public personal information. We adhere to the Payment Card Industry Data Security Standard (PCI DSS). The Payment Card Industry Data Security Standard (PCI DSS) is a proprietary information security standard for organizations that handle branded credit cards from the major card schemes including Visa, MasterCard, American Express, and Discover.

Blackbaud Tuition Management & Your School Have Formed A Partnership



That Benefits Your School, Your Child, And You.

Please return completed form to your school immediately.

If you have any questions regarding this form, contact Blackbaud Tuition Management at:

1-888-868-8828