

**2026 – 2027 Canyonside Christian School**  
**Commitment of Parents**

**\*\*Please read carefully & initial each paragraph\*\***

It is my understanding that the policy of Canyonside Christian School is to make no refunds on registration fees. Payment of the registration fee will hold my child's place until the first month tuition is due. Tuition billings will be mailed out no later than the 5<sup>th</sup> of each month and payment is due upon receipt of the bill and no later than the 10<sup>th</sup> of each month. I, the parent/guardian, am responsible for the school bills and debts incurred. A finance charge will be added to all accounts that are overdue. All payments for tuition and fees are due at the time of invoice. Late payments may result in additional late fees, termination of enrollment, the use of collection services, or all of the above. A \$20.00 charge is applied on any returned checks. I am aware that my child's enrollment will be terminated if payment is more than 60 days late.

Initials: \_\_\_\_\_

The before/after-school program is available for an additional fee, please see attached price list. A late pick-up fee of \$5.00 per quarter half hour is applied to each child remaining after 5:30 p.m.

Initials: \_\_\_\_\_

The contract may be terminated at any time on behalf of Canyonside Christian School (CCS) when the student hinders the learning environment of others, or the Board and staff feel the "Parent Partnership Agreement" is not upheld. Any changes in contracts need to be submitted in writing prior to the effective date. I have acknowledged the financial commitment to CCS as outlined in the tuition agreement.

Initials: \_\_\_\_\_

Please do not bring your child to school if he/she is running a fever, vomiting, or has any contagious infections. Runny noses that are not running clear are infections and contagious. If your child is on medication, parents or guardians must fill out a medication form in the office before any medications can be administered at school. **Under no circumstances will my child be given over the counter medication without prior approval.**

Initials: \_\_\_\_\_

We hereby agree and fully support the disciplinary action stated in the CCS Student Handbook and understand that my child's enrollment can be terminated at any time due to discipline related issues or as deemed necessary by the Board of Directors. In the event my child needs to be removed from the facility for all or part of the day, I will promptly remove him/her.

Initials: \_\_\_\_\_

Parents are responsible for obtaining their own medical and accident insurance coverage and are responsible for any medical bills incurred while at CCS.

Initials: \_\_\_\_\_

We give permission for our child \_\_\_\_\_ (child's name) to go on field trips and other school outings held by CCS for the 2026-2027 school year with proper adult and teacher supervision. We absolve CCS from liability to our child because of injury of any kind at the school or during any school related activity.

We are informed that an image(s) of my child may be posted on the Canyonside Christian School website. As the parent or legal guardian of my child, I hereby consent for picture(s), video(s), and audio images to be displayed on the Canyonside Christian School web page and other publications or marketing materials provided by the school

I do not give permission for my child's image to be used \_\_\_\_\_

If for some reason, we cannot be contacted in what the school considers to be a sufficient time, our permission is granted to those in authority to obtain emergency/medical help for my child.

Initials: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any known allergies: \_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_