

The Pines Christian School

Summer Application- 2010

25200 S. Western Avenue, Harbor City, California 90710 Phone (310) 325-1213

Full Legal name of Student _____ last grade completed _____

Date of Birth _____ Place of Birth _____

Address _____ City _____ Zip _____

Home # _____ Cell # _____ E-mail _____

Student resides with: natural father natural mother step father step mother
other _____

Legal Father _____ Phone # _____

Employer _____ Phone # _____

Legal Mother _____ Phone # _____

Employer _____ Phone # _____

Alternate Care Provider _____ Phone # _____

Employer _____ Phone # _____

Persons authorized to pick up your child from school (friends, drivers, relatives, etc):	
Name: _____	Relationship: _____
Telephone (H): _____	(W): _____ Cell: _____
Name: _____	Relationship: _____
Telephone (H): _____	(W): _____ Cell: _____
Name: _____	Relationship: _____
Telephone (H): _____	(W): _____ Cell: _____

I understand that I am to fully support all school rules and policies when my child is attending The Pines Christian School, even if I have different opinions regarding the rules and standards. I understand that I am expected to maintain a positive relationship at all times with the staff, administrators and teachers. I understand that compliance with these policies is a requirement for enrollment and continued attendance.

In consideration for my child's acceptance into The Pines Christian School, I hereby release, hold harmless and indemnify The Pines Christian School, its trustees, employees and agents, from and against all claims, including but not limited to claims for property damage and/or personal injuries arising out of my child's participation in the program, its field trips or activities, or the rendering of any medical treatment.

Signature of Father/Legal Guardian _____ Date _____

Signature of Mother/Legal Guardian _____ Date _____