

EMERGENCY CONTACT INFORMATION

Contact #1 (Please indicate relationship)

Father

Mother

Guardian

Other _____

Full Name: Last: _____

First: _____

Work Phone #:

Cell Phone #:

Contact #2 (Please indicate relationship)

Father

Mother

Guardian

Other _____

Full Name: Last: _____

First: _____

Work Phone #:

Cell Phone #:

If your parents are divorced or separated, with whom do you live?

Father

Mother

Guardian

ENROLLMENT INFORMATION

For which semester do you plan to attend? (Please check one)

Fall Semester Year: _____

Spring Semester Year: _____

Which semesters did you previously attend?

Fall

Spring

Year: _____

Location: _____

Fall

Spring

Year: _____

Location: _____

Fall

Spring

Year: _____

Location: _____

Fall

Spring

Year: _____

Location: _____

For which of the following are you applying? (Please check one)

On-Campus Full Time (minimum 17 credits)

Off-Campus Part Time

Off-Campus Full Time (minimum 16 credits)

For which program of study are you applying? (Please check one)

Degree - Associate of Theology
(High School Diploma or the equivalent)

Non-Degree - Certificate of Completion
(No High School Diploma/ Learning Difficulties)

Degree - Bachelor of Biblical Studies
(Please submit evidence of Associate of Arts Degree
in General Education)

Non-Degree - Audit
(no credit)

LIFE PROFILE

Are you a smoker or do you use tobacco products?

Yes No

Do you drink alcoholic beverages?

No Occasionally

Often

Have you ever or are you currently using any illegal drugs?

Yes No

If yes, please explain including dates: _____

Have you ever participated in a rehab program such as U-Turn For Christ or Teen Challenge?

Yes No

If yes, please explain including dates: _____

Have you ever been involved in legal problems?

Yes No

If yes, please explain including dates: _____

Have you ever been convicted of a felony?

Yes No

If yes, please explain including dates: _____

Have you a personal history of violence, abuse towards others, or sexual immorality?

Yes No

If yes, please explain including dates: _____

Is there any habitual sin in your life?

Yes No

If yes, please explain including dates: _____

QUESTION RESPONSES (attach extra sheet if necessary)

1. Why did you leave Calvary Chapel Bible College Murrieta?

2. What activities (church, work, etc.) have you been involved in since leaving Calvary Chapel Bible College Murrieta?

3. Why do you want to return to Calvary Chapel Bible College Murrieta?

MEDICAL INFORMATION

Calvary Chapel Bible College requires that every student have a health insurance policy through any term health insurance.

Health Insurance Information

Company Name: _____ Name of Insured: _____

Policy #: _____ Contact Phone #: _____

Start Date: _____ Expiration Date: _____

Primary Physician: _____ Phone #: _____

Are you in good health?

Yes No

When was your last complete physical examination: _____

Have you had any major illness?

Yes No

If yes, please list and give dates: _____

Are you currently on medication or under a physician's care for physical issues?

Yes No

Have you been, or are presently under psychiatric or psychological care?

Yes No

If yes, please select which apply: Physician Psychiatrist/Psychologist Counselor

Are you currently on any medication for psychological issues?

Yes No

Have you been hospitalized or admitted to a treatment facility for any reason?

Yes No

Have you been, or are presently dealing with an eating disorder?

Yes No

If yes, to any of the above, please give further explanation including dates and treatments/list medication(s) : _____

Prescribing Physician: _____ Phone #: _____

Please place a check beside any known medical conditions and explain on lines provided below.

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Allergy- Bee Sting | <input type="checkbox"/> Blood Disorder | <input type="checkbox"/> Diabetic | <input type="checkbox"/> Heart Problems |
| <input type="checkbox"/> Allergy - Food | <input type="checkbox"/> Cancer/Leukemia | <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> Partially sighted |
| <input type="checkbox"/> Allergy - Medications | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Glasses/contact lenses | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Color Blindness | <input type="checkbox"/> Hearing Aid used | <input type="checkbox"/> Speech problems |
| <input type="checkbox"/> Asthma - On Medications | <input type="checkbox"/> Communicable Disease | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Other |
| | | | <input type="checkbox"/> No Known Health Problems |

Details: _____

LIABILITY WAIVER & DAMAGES RESPONSIBILITY

Calvary Chapel Bible College is a ministry of Calvary Chapel of Costa Mesa, Inc., and is operated by the church with the desire to provide the most affordable cost to students who wish to attend the college. Toward that end, the room and board and tuition costs to the student are substantially less than the actual cost to the college. Therefore, in consideration of this discount in tuition from actual costs, the college does not and cannot afford to provide liability and medical insurance coverage for students attending it and the applicant, regardless of the fault of the college or not. By execution of this application and placing your initials below and submittal of the application, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth below.

_____ Initial

I understand that during my attendance at the college, I may be exposed to a variety of hazards and risks, foreseen or unforeseen, which are inherent in this curricular activity. These risks include, but are not limited to personal injury (serious or otherwise), property damage and death ("Injuries and Damages") from such curricular participation.

I assume all risks inherent and occurring, whether foreseen or unforeseen, in participating in such activity as involving Calvary Chapel of Costa Mesa, Inc. and waive all liability against it in making the decision to be included in such curricular activity and being allowed use of the Calvary Chapel facilities (including but not limited to all rooms, open areas and parking lot, fields, dorm rooms and otherwise) for such activity. This waiver is intended by the parties to be as broad and inclusive as permitted by law. To the fullest extent by law, I also waive, discharge claims and release for liability Calvary Chapel of Costa Mesa, Inc., its officers, directors, employees, agents, and leaders from any and all liability on account of, or in any way resulting from Injuries and Damages, even if caused by the negligence of Calvary Chapel of Costa Mesa, Inc., its officers, directors, employees, agents, and leaders.

I further agree to hold harmless Calvary Chapel of Costa Mesa, Inc., its officers, directors, employees, agents, and leaders from any claims, damages, injuries or losses of any kind or nature whatsoever caused by my own negligence while participating in such curricular activity. I understand and intend that this assumption of risk, waiver and release be binding upon my heirs, executors, administrators and assigns, and includes any minors accompanying me during such curricular activity.

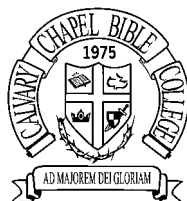
I have been informed that I need to provide my own coverage for medical and premises liability insurance and, that if I can not insure myself, I, alone, am responsible for all costs for Injuries and Damages.

Initial below indicating you have insurance and attach a copy of the proof of insurance to this form.

_____ Initial

Signature: _____ Date: _____

Print Last name: _____ Print First Name: _____



REFERENCE

One reference is required in your application packet if you have been absent from studying at Calvary Chapel Bible College Murrieta for more than one semester. Please use the provided Reference Form and make sure you fill out the **applicant** portion before delivering to reference. Return the signed and sealed reference in your readmittance packet.

TERMS AND CONDITIONS OF ENROLLMENT

Read the following terms and conditions of enrollment, initial each section and sign and date the bottom of the page.

CM199 Practical Christian Ministry

I hereby understand that all students must enroll in four semesters of Practical Christian Ministry (CM199). Each student serves weekly in a practical area of service. On Campus students serve an average of 8 hours per week. For individual physical concerns contact the Financial Office.

Initials: _____

Financial Responsibility

I understand that my tuition is due and payable prior to enrollment. For individual concerns contact the Financial Office.

Initials: _____

Liability Waiver and Damages Responsibility

During my attendance at the college, I acknowledge, agree and understand to the waiver of liability as against the college and the facility upon which it operates as set forth in the liability waiver required for enrollment. I will assume all risks, I further agree to hold harmless Calvary Chapel Costa Mesa Inc.; and have been informed that I am responsible of all costs of injuries and damages.

Initials: _____

Policies and Procedures

I have viewed, read, understand and agree to be subject to the policies and procedures of the student catalog and application. To download a copy of the student catalog, see our website www.calvarychapelbiblecollege.com featured under *downloads*.

Initials: _____

Signature:

Date:

Calvary Chapel Bible College does not discriminate on the basis of race, gender, ethnic background, native language, nationality or physical disability. Calvary Chapel Bible College is a ministry of Calvary Chapel of Costa Mesa, and gives admission priority to members of Calvary Chapel.