

School Year:

20__ - 20__

Class: _____

CALVARY CHAPEL CHRISTIAN SCHOOL

PRESCHOOL APPLICATION

1. In order for us to fairly consider this application, please be as thorough as possible. Incomplete applications will not be given serious consideration. Please write clearly.
2. Return completed application to the Calvary Chapel Christian School Office.
3. You will be contacted to schedule an admissions interview.

Referred by _____

Child's Name _____ Date _____

Address _____
Number and Street City State Zip

Phone No. _____

Is your child toilet trained? _____

Birth Date _____ Age of Child _____

Is child presently enrolled in preschool? _____

Race _____ Male () Female ()

School presently attending _____

Father's Name _____

Teacher's Name _____ Phone No. _____

Email _____

Has child had group experience before? _____

Occupation _____

When? _____

Employer _____

Where? _____

Work Phone No. _____

Do you have other children currently applying to attend

Mother's Name _____

CCCS or CCC Preschool? _____

Email _____

Name(s) _____

Occupation _____

Grades/Ages _____

Employer _____

Would you have other children in need of before or after

Work Phone No. _____

school care? No _____ Yes _____

Marital Status of Parents:

Names _____

- () Married () Divorced () Widowed
() Single () Separated

Grades _____

List appropriate days of the week that your child will be attending preschool:

	Monday	Tuesday	Wednesday	Thursday	Friday
Arrive:	_____	_____	_____	_____	_____
Depart:	_____	_____	_____	_____	_____

(please complete both sides)

Does your child have any special needs or gifts which would be helpful information for placement?

Has your child had any problems with discipline in a previous school? No _____ Yes _____ (Explain)

Are you financially able to meet the weekly (Before/After School) and monthly tuition requirements?

Yes ____ No ____ (Explain)

What do you see as your part in your child's education?

How did you learn of our school? What has prompted your application?

CHURCH AFFILIATION:

Do you regularly attend Calvary Chapel of Merritt Island? Yes ____ No ____

How often do you attend?

List your child's Sunday School teacher's name:

List a pastor or elder who could give you a reference (if possible):

We participate in the ministry of the church in the following ways:

Do you attend another church? ____ If so, what church?

List a pastor or elder which could give you a reference (if possible)

Name

Phone No.

If you attend a church other than Calvary Chapel Merritt Island, please list the ways in which you participate in the ministry of your church:

Please describe, briefly your walk with the Lord at the present time:

I certify that the above information is complete and accurate. I understand that any information found to be inaccurate may be considered grounds for dismissal from this school.

Parent Signature