

COMMUNITY CHRISTIAN
Pre School, Pre Kindergarten, & Day Care

APPLICATION FOR ADMISSION

Date _____

CHILD'S NAME _____

(Last) (First) (Middle)

Date of Birth _____ / _____ / _____ Phone # _____
(Month) (Day) (Year)

Address _____ City _____ Zip _____

Mother's Name _____ Occupation _____ Phone _____

Father's Name _____ Occupation _____ Phone _____

Most Frequently used Email address where you will see communication for reminders and changes: _____@_____

Are Parents Married? ___ Separated? ___ Divorced? ___ (Please supply custody papers)

Church Affiliation of Both Parents _____

Habits child needs overcoming: _____

Does child have any special needs? _____

Is child on medication? _Names: _____

Names & Ages of siblings: _____

All information is accurate: SIGNED: _____ DATE: _____
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Session(s) Enrolled: Summer: Half Day (9-1) Half Day (6:30-1) Full Day

Mon _____ Tues _____ Weds _____ Thurs _____

Fall: Preschool/Pre K (9-11:30) Half Day (6:30-11:30)

Half Day (6:30-1) Half Day (9-1) Full Day (6:30-6)

Before School (6:30-bus) After School (bus-6) Both

Mon. _____ Tues. _____ Weds. _____ Thurs. _____ Fri. _____

****CCPS RESERVES THE RIGHT TO DECLINE APPLICATION****

CLASS _____ DATE OF INTERVIEW _____ REG. FEE _____