Calvary Chapel Christian Preschool
Application for Enrollment

STUDENT INFORMATION

Student's Name:____
Last First Middle Name to be used in class

Male/Female (circle one):____
Date of Birth Age

Address: ____(____)______________
Street City Zip Phone Number

Billing Address (if different):____
Street City Zip

FAMILY INFORMATION

Father/Guardian's Name:____
Marital Status

Address :____(_____) ____________
Street City Zip Phone Number

E-Mail Address: ____ (_____) ____________
Cell Phone

Employed by: ____(_____)____________
Phone Number

Mother/Guardian's Name:____
Marital Status

Address:____(_____) ____________
Street City Zip Phone Number

E-Mail Address: ____ (_____) ____________
Cell Phone

Employed by: ____(_____)____________
Phone Number

CHURCH INFORMATION

Family's Home church: ____
Pastor's Name

Address: ____(_____)_____________
Street City Zip Phone Number

Church Attendance:					
	Father	( ) Regular	( ) Occasional	( ) Seldom	( ) Never
	Mother	( ) Regular	( ) Occasional	( ) Seldom	( ) Never
	Child	( ) Regular	( ) Occasional	( ) Seldom	( ) Never

SCHOOL INFORMATION

1. Has your child attended Pre-School before? ? Yes ? No
   If so, where? ____
2. How much has your child played with other children? ________________________
   ____
3. What makes your child happy? How does your child show happiness? ______________
   ____
4. What makes your child sad? How does your child show sadness? ________________
   ____
5. What makes your child angry? How does your child show anger? ________________
   ____
6. What makes your child frightened? How does your child show fear? ______________
   ____
7. List three of your child's strengths: ______________________________
   ____
8. List three of your child's weaknesses: ______________________________
   ____
9. Has your child been under a doctor's care for a health or psychological condition?

____Asthma	Medication:	? Yes ? No	If yes, what kind?
____Allergies	Medication	? Yes ? No	If yes, what kind?
____Attention Disorder	Medication	? Yes ? No	If yes, what kind?
____Other (Explain)	Medication	? Yes ? No	If yes, what kind?

Comments: ____

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______________________________ Father/Guardian's Signature

______________________________ Mother/Guardian's Signature