



**TERRIFIC 3's
APPLICATION**

Date _____

Please indicate your preference:

2 Days: M/W

3 Days: M/W/F

\$75 Non-Refundable Registration Fee is required with your application.

Child's Name: _____ Male ___ Female
 Last First MI

Birth date: ____/____/____ Name your child wishes to use in school: _____
 Month Day Year

Student resides with: ___ Mother/Father ___ Father only ___ Mother only ___ Guardian

PARENT INFORMATION:

Mother Information

Father Information

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Work Phone: _____

Work Phone: _____

Church Attending: _____

Church Attending: _____

Email you wish to use for CCS Communication? _____

If parents are divorced, a copy of the court document showing legal custody arrangements required for the student's file.

EMERGENCY CONTACTS & NUMBERS IF PARENT CANNOT BE REACHED:

Name _____

Address _____ City _____ Zip _____

Home # _____ Cell # _____

Relationship to student: _____

Name _____

Address _____ City _____ Zip _____

Home # _____ Cell # _____

Relationship to student: _____

Name of previous preschool or daycare: _____

City: _____ Phone number: _____

Describe any special physical, academic or behavioral needs:

Describe any allergies or special medical needs: (Please list the allergy and the reaction)

Is your child _____ Right-handed? _____ Left-handed?

How many times a week is your child with other children? _____

How did you hear about Community Christian School?

CCS Family _____ Newspaper Website Other _____

Why do you want your child to attend Community Christian School?

Describe your child's strengths, personality and interests?

Signatures of Parents or Guardian:

We verify that the information provided is complete and accurate. We have read and agree with the Statement of Beliefs and Objectives of Community Christian School.

1. *I/We support the Christian program that Community Christian School provides.*
2. *I/We promise to fulfill our tuition agreement as stated in the financial agreement, which was signed.*
3. *I/We affirm that the above information is accurate and true.*
4. *I/We have read Community Christian School's Statement of Beliefs and Objectives. I/We understand and agree with this statement and will do our part to fulfill our agreement with CCS.*

Father _____ *Date* _____

Mother _____ *Date* _____

Enrollment Procedure:

- Fill out the application. Check to make sure all information and signatures are complete.**
- When the application has been received, families will receive a phone call from the CCS office verifying that we have received the materials. (If the application is received in person, the office will not call.)**
- If the application is received prior to the enrollment period for the following year, it will be placed in a waiting file, dated, in the order received.**
- Priority enrollment typically begins February 1st for re-enrolling students, siblings and CCS alumni families. Open Enrollment for new families will typically begin March 1st.**
- When the enrollment period begins, those applications in the waiting file will be processed and placed in available class space.**

Community Christian School admits qualified students and administers its educational policies and programs without regard to race, color, gender, national or ethnic origin.