



Date of Application: \_\_\_\_\_

## COMMUNITY CHRISTIAN SCHOOL'S EARLY CHILDHOOD APPLICATION

Please indicate which program for which you are applying

Eagle's Nest Preschool

Tuesday/Thursday

Pre Kindergarten

Monday/Wednesday/Friday

*\*\*A Pre School Screening must be on file before starting Pre K\*\**

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

### STUDENT INFORMATION

Student's Name: \_\_\_\_\_  
                                    First Name                                    MI                                    Last Name

Name your child wishes to use in school: \_\_\_\_\_

Male  Female

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Is student  Right-handed  Left-handed

Student resides with:  Mother/Father  Father only  Mother only  Other

What are the current custody arrangements? \_\_\_\_\_

If parents are divorced or separated, which parent currently has legal custody?

\_\_\_\_\_

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

Is your child toilet-trained?  Yes  No

In Pre K, a student is expected to wipe & wash their hands. Can your child do this independently?  Yes  No

Is this your child's first school experience?  Yes  No

**PARENT/GUARDIAN INFORMATION: (If father/mother same – indicate same)**

<u>Mother Information</u>	<u>Father Information</u>
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: _____
Name of church: _____	
Pastor's Name: _____	
Member? Mother <input type="checkbox"/> Yes <input type="checkbox"/> No	Father <input type="checkbox"/> Yes <input type="checkbox"/> No
Attends? Mother <input type="checkbox"/> Yes <input type="checkbox"/> Occasional <input type="checkbox"/> No	Father <input type="checkbox"/> Yes <input type="checkbox"/> Occasional <input type="checkbox"/> No

Primary Email address \_\_\_\_\_

Other Emails you wish to add  
\_\_\_\_\_  
\_\_\_\_\_

List daycare and/or school attended by the applicant (list most recent first)

<u>Name of School and/or Daycare</u>	<u>Reason for leaving</u>
_____	_____
_____	_____
_____	_____

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

Has the applicant ever received any IEPs, special help or special needs?

Yes  No If yes, please explain: \_\_\_\_\_

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Describe your child's personality and interests?

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Please tell us about your child's strengths:

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

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**MEDICAL INFORMATION**

Community Christian School is not staffed to handle students with severe learning disabilities or medical conditions. For your child's best interest, please be candid when you answer the following questions.

Has the applicant have any allergies or health concerns?

Yes  No If yes, please explain

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Has the applicant ever seen a physician, counselor, psychologist or psychiatrist for any type of social, behavioral, or emotional challenges?

Yes  No If yes, please explain

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Do you have any family or student concerns that you'd like to share:

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Please list any allergies your child may have or medications that your child is taking. (Attach additional sheet if necessary.)

<u>Allergy / Medication</u>	<u>Details</u>

**EMERGENCY CONTACTS & NUMBERS IF PARENT CANNOT BE REACHED:**

<u>Name (First/Last)</u>	<u>Relationship to child</u>	<u>Phone number</u>

**Photo Non-Consent:** Check this box if you DO NOT give Community Christian School permission to use your child(s) photo in publications/website.

## Parent Questionnaire

Name of Applicant: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

**Directions:** Please answer each question completely; return this questionnaire to Community Christian School along with your child's application. A separate sheet may be used if you wish to elaborate.

**How did you hear about Community Christian School?**

- Internet Search                       Social Media                       From the area  
 Referred by CCS family or friend \_\_\_\_\_

**What aspect of the CCS Early Childhood program piqued your interest?**

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**What does your family do to incorporate faith into your home?**

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**What do you see your role or responsibility in the education of your son and/or daughter?**

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**What would you identify as the values that matter most to your family?**

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## STATEMENTS OF COMMITMENT

1. We (I) understand and agree with the Educational Philosophy, Statement of Beliefs, Objectives and Marriage, Gender & Sexuality of Community Christian School.

2. We (I) understand that the school reserves the right to ask a family to withdraw from the school if, in the opinion of the board, the family is unable to support the policies and practices of the school or has lost trust in the school and its leadership.

3. We (I) understand that admission decisions are subject to the governing authorities of Community Christian School, which reserves the right in its sole discretion to accept or reject any student.

4. We (I) will actively support Community Christian School, the Board, Administration, and staff through prayer and participation in school events and functions.

5 We (I) promise to maintain a Christian home where Christ is honored and where prayers and the reading of the Bible are a regular spiritual discipline.

### Signatures of Parents/Guardian:

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Community Christian School admits qualified students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities made available to students at school. It admits qualified students and administers its educational policies and programs without regard to race, color, gender, national or ethnic origin.