

OFFICE USE ONLY:

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2010/2011 Preschool New Student Application

Instructions

- Please write clearly. In order for us to fairly consider this application, please be as thorough as possible. Incomplete applications will not be given serious consideration.
- Preschool applicants **must be age 3 and "potty trained" before admittance to Calvary Chapel Preschool.**
- Return completed application to the MCA office. Please keep the Information sheet for your reference.
- **Application Fee - \$15 per student, \$25 per family**, due with registration fee after licensing. Pending License # 304370643.

Student Data

Program applying for: 3yr PeK Full Day or Half-Day A.M P.M. M - F M-W-F T-TH

Student Name _____

Address _____

City & Zip _____

Home Phone () _____

Phone Cell/Home _____

Date of Birth _____ Male Female

Please affix
student photo
here
(required)

If your child is currently attending a preschool or other school, please list it here.		School Phone Number
Has your child been enrolled in, or recommended for, any of the following special classes: <input type="checkbox"/> Speech Therapy <input type="checkbox"/> Physically Handicapped <input type="checkbox"/> Learning Disability <input type="checkbox"/> Other _____ Please explain.		Does your child have any behavior issues that you would like to make us aware of? Please explain.
List Siblings <i>Currently Attending</i> , CCPS, MCA, CCJH, CCHS Name(s) _____ Grade(s) _____	List Siblings <i>Applying for Enrollment</i> to CCPS, MCA, CCJH, CCHS Name(s) _____ Grade(s) _____	

Parent Information

	Parent First & Last Name	Occupation	Employer	Contact Numbers	Lives w/student Y/N
Father				Work #() Cell #()	
Mother				Work #() Cell #()	
Step Parent				Work #() Cell #()	
Marital Status of Parent(s): <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated					
Are you financially able to meet the monthly tuition requirements? Yes _____ No _____					
Comment:					

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

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

Why would you like your child to attend Calvary Chapel Preschool? _____

Church Information and Christian Walk

Do you regularly attend Calvary Chapel of Costa Mesa? Yes _____ No _____

How often do you attend? _____ How long have you attended? _____

Which services 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 who could give you a reference (if possible): _____
Name Phone No.

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

Parents: 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 (Required)