

SCHOOL YEAR: _____

Today's date: _____

Payment: _____

Please circle the class for which you are registering. **REGISTRATION FEE IS NON-REFUNDABLE**

COVENANT CHRISTIAN PRESCHOOL AND KINDERGARTEN APPLICATION

2 YR. MW T/TH	\$115.00
3 YR. TTH	\$120.00
3 YR. MWF	\$140.00
4 YR. MWF	\$165.00
4 YR. M-F	\$185.00
KINDERGARTEN	\$220.00

Child's Name: _____ Name usually called if different: _____

Street Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Age: _____ Birth date (MM/DD/YY): _____ Sex: _____ Email _____

Any known allergies? If so please list them. _____

Name of child's pediatrician: _____ Pediatrician's phone #: _____

<p>Father's Name: _____ Work Phone: _____ Cell Phone: _____</p> <p>Where does dad work?: _____</p> <p>Home Address (if different from above): _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Mother's Name: _____ Work Phone: _____ Cell Phone: _____</p> <p>Where does mom work?: _____</p> <p>Home Address (if different from above): _____</p> <p>City: _____ State: _____ Zip Code: _____</p>

Previous Preschool Attended: _____

Church Affiliation: _____

How did you hear about Covenant Christian Preschool and Kindergarten? _____

Name, address, and phone number of **LOCAL** person who would assume responsibility for your child in an emergency if the school is unable to contact parents or legal guardian

Name: _____ Relation to the child: _____

Address: _____ Phone: _____

I desire to have my child attend Covenant Christian Preschool and Kindergarten and grant my permission to CCP&K to meet the needs of my child in the case of an emergency. All of the above information is current and correct to the best of my knowledge.

Signature of parent or legal guardian: _____

FOR OFFICE USE ONLY: CGI: _____ CAR TAG: _____ CLASS LIST: _____ CELL LIST: _____
TUITION ENVELOPE & LOG: _____ ADDRESS LABELS: _____ FILE FOLDER: _____
DIRECTORY: _____