

Date: _____ Initial: _____ Time Rcvd: _____ Amount: \$ _____ Check #: _____ Cash: _____

First Christian Day School
Flex Program Enrollment Application
2022-2023

NON-REFUNDABLE ENROLLMENT FEE: \$100.00

Positions filled based on date and time the application is received, and held only upon receipt of enrollment fee.

Student Name: _____ **DOB:** _____

Age (at start of school year): _____ **Male:** _____ **Female:** _____ **Current Grade Level:** _____

Primary Contact: _____

Mailing Address: _____ **Physical Address:** _____

Home #: _____ **Cell #:** _____

Preferred Email address: _____

Place of Employment: _____

Employment Address: _____ **Work #:** _____

Secondary Contact: _____

Mailing Address: _____ **Physical Address:** _____

Home #: _____ **Cell #:** _____

Preferred Email address: _____

Place of Employment: _____

Employment Address: _____ **Work #:** _____

If student's parents are divorced, which parent has legal responsibility? _____

(Please provide a copy of the Custodial Decree.)

Please choose your Flex Program enrollment preferences:

_____ Mon / Wed / Fri for the _____ MORNING BLOCK (and/or) _____ AFTERNOON BLOCK

Grade Level Requested: _____

Permission granted to use your child's photo for Facebook, website and other public forums? Yes _____ No _____

Permission granted to share parent contact information with other parents? Yes _____ No _____

Parent/Guardian Signature: _____ **Date:** _____