

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

First Christian Day School

Enrollment Application

2022-2023

Position guaranteed based on date and time the application is received.
Application will be turned in to the office to ensure your child's placement.
Position held only when enrollment fee is received.

PLEASE PRINT

NON-REFUNDABLE ENROLLMENT FEE: \$250.00

Student Name: _____

Student Birthday: _____ Age (as of Sept. 1): _____

Male: _____ Female: _____ Class/School currently attending: _____

Primary Contact: _____ Relationship to Student: _____

Mailing Address: _____ Physical Address: _____

Primary Phone #: _____ Secondary Phone #: _____

Preferred Email address: _____

Place of Employment: _____

Employment Address: _____ Work #: _____

Secondary Contact: _____ Relationship to Student: _____

Mailing Address: _____ Physical Address: _____

Primary Phone #: _____ Secondary Phone #: _____

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.

Request for Primary School Enrollment (Kindergarten - 8th): _____

Request for Preschool Enrollment: _____ 2 yr. old _____ 3 yr. old _____ 4 yr. old

Monday-Friday _____ Monday/Wednesday/Friday _____ Tuesday/Thursday _____

Permission granted to use my child's photo on website / social media or for publicity purposes? Yes _____ No _____

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

Parent/Guardian Signature: _____ Date: _____