

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

First Christian Day School
Flex Program Enrollment Application
2019-2020

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: _____ Male: _____ Female: _____ Grade Level Requested: _____

Father: _____

Mailing Address: _____ Physical Address: _____

Home #: _____ Cell #: _____

Preferred Email address: _____

Place of Employment: _____

Employment Address: _____ Work #: _____

Mother: _____

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

_____ Monday - Friday for the following core subjects: _____

_____ Wednesday Electives Day: _____ WITH STE(A)M _____ WITHOUT STE(A)M _____ Add extended care

_____ Part-Time attendance for the following electives: _____

Permission granted to use your child's photo or class work for display or publication? Yes _____ No _____

Permission granted to list your family in the local school directory? Yes _____ No _____

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