

COVENANT CHRISTIAN SCHOOL

1855 Orange-Olive Road Orange, CA 92865 (714) 998-4852

Status

New []
Return []
Church []

2017-2018

APPLICATION FOR PRESCHOOL ENROLLMENT

(COMPLETE BOTH SIDES)

Payment Date/Amt.

#1 _____
#2 _____
#3 _____

Note: The Enrollment Fee is non-refundable.

Preschool Only

Full Day _____	7:00am-6:00pm _____	M-F _____	MWF _____	T,Th _____	
Traditional (9.5 months) _____	Part Day _____	8:00am-2:30pm _____	M-F _____	MWF _____	T,Th _____
Year Round (11.5 months) _____	Mornings _____	8:00am-12:00pm _____	M-F _____	MWF _____	T,Th _____

STUDENT Information:

_____ (_____)M____F____/_____/_____
Last Name First (Goes by) Birthdate 3's, 4's, Jr. K

_____ (_____) _____
Address City, Zip Code Area Code Home Phone

PARENT/GUARDIAN Information:

Father's e-mail address: _____

_____/_____/_____-_____-_____/_____
FATHER - Last Name First Mar. Status Social Security No. Resp. for Fees?

Lives with Student? ____/_____/_____
Address if different from Student Area Code Home Phone

_____/_____/_____/_____/_____
Employer Address (City only) Occupation Area Code Business Phone

Mother's e-mail address: _____

_____/_____/_____-_____-_____/_____
MOTHER - Last Name First Mar. Status Social Security No. Resp. for Fees?

Lives with Student? ____/_____/_____
Address if different from Student Area Code Home Phone

_____/_____/_____/_____/_____
Employer Address (City only) Occupation Area Code Business Phone

_____/_____/_____-_____-_____/_____
STEP-PARENT/OTHER GUARDIAN-Name, Relationship Mar. Status Social Security No. Resp. for Fees?

Lives with Student? ____/_____/_____
Address if different from Student Area Code Home Phone

_____/_____/_____/_____/_____
Employer Address (City only) Occupation Area Code Business Phone

FAMILY Information:

Other Children in Family:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____

RELIGION:

Are you a Communicant Member of Covenant Presbyterian Church? _____ Yes _____ No
(Check here _____ if attending Covenant Presbyterian Church, but have not become members.)

We attend church at: _____ Regular Attendees? _____

Does child attend Sunday School? _____ How often? _____

EDUCATIONAL BACKGROUND: If new to Covenant School, list previous school(s) attended, including complete address (list most recent first). If applicable we will request required records from previous schools after registration is complete.

School: _____ Address: _____ Dates Att'd: _____

City, State, ,Zip: _____

School: _____ Address: _____ Dates Att'd: _____

City, State, Zip: _____

ADDITIONAL INFORMATION ABOUT STUDENT:

HEALTH:

Does student have allergies? _____ If yes, to what? _____

Does student take medication regularly? _____ If yes, for what? _____

List any medical conditions that may interfere with normal activity: _____

Past illnesses or accidents we should know about: _____

BEHAVIORAL:

Does your child have any fears we need to know about? _____

Does your child have any behavioral problems we should know about? _____

Does your child have attention deficit? _____

EDUCATIONAL:

Has your child received any special educational testing? _____ Diagnosis? _____

Recommendations of previous teachers: _____

How did you hear about Covenant Christian School? _____

Signature of Parent or Guardian

Date

Covenant Christian School desires to instill a love of God and His Word in our students, as well as to develop academic capabilities that will ensure life-long success.