

Claire's Christian Day School

(Office use only) ADMISSION DATE _____

Preschool Enrollment Form 2018 - 2019 School Year

Name of Child: _____
First Middle Last

Birthdate (mm/dd/yyyy) _____ Boy: ___ Girl: ___ Age as of September 1st, 2018: _____

Parents: _____ If someone referred you to CCDS, please list below:
Father _____
Mother _____

Address: _____

City: _____ Zip: _____

Preferred phone#: _____ Email (primary): _____
Email (secondary): _____

Father's Occupation: _____ Phone: _____
Cell: _____

Mother's Occupation: _____ Phone: _____
Cell: _____

Siblings: _____ Name Age , _____ Name Age , _____ Name Age , _____ Name Age

Does your child have any special problems or allergies? _____

Previous School Experience: _____

Local Church Affiliation: _____

Doctor Information

Name: _____ Phone: _____
Address: _____

I understand that payment of the registration fee and first month's tuition are required to hold my child's space, and once paid are non-refundable.

I also understand that because I am enrolling my child in a preschool class with a finite number of spaces, I am subject to paying monthly tuition for the duration of the school year even if my child dis-enrolls from the preschool program.

Parent's Signature _____ Date _____

****PLEASE FILL OUT ALL FIELDS****