

Application for Admission

Community Christian School 2022 -2023

Student Information

Child's Full Name: _____ Date: _____

Date of Birth: _____ Place of Birth: _____

Child's Address: _____

City: _____ State: _____ Zip: _____

Phone 1: _____ Phone 2: _____

List any known or suspected allergies: _____

List any medications taken: _____

Are there any unusual factors that have occurred or are occurring in the child's life? (For example: Absence of a parent, illness of a family member, other family members living in the home, accidents, adoptions, or serious illness, etc...) _____

Child's Physician: _____ Phone: _____

Has your child attended Community Christian School before? _____ Yes _____ No

Would you be interested in information about Community Church? _____ Yes _____ No

Guardian Signature: _____ Date: _____

Guardian Information

Guardian 1

Guardian's Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Permitted to pick up the child: Yes No Legal Custody: Yes No

Place of Employment: _____ Employment Phone: _____

Employment Address: _____

Guardian 2

Guardian's Name: _____ Relationship: _____

Address: _____

Phone: _____ Email: _____

Permitted to pick up the child: Yes No Legal Custody: Yes No

Place of Employment: _____ Employment Phone: _____

Employment Address: _____

Guardian with whom the child lives: _____

Student's Parents are:

Married Separated Divorced Other _____

Names and Birthdates of Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Guardian Signature: _____ Date: _____

Emergency Contact Information

Persons to be contacted in the case of illness, accident, or emergency. If for some reason the parents or guardians cannot be reached these people should be authorized to remove the child from our facility.

You Must List Two

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Authorized Persons Information

Other persons authorized by the parents/guardians to take the child from the facility (if different from above).

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Name: _____ Address: _____

Phone: _____ Relationship: _____

Guardian Signature: _____ Date: _____