

CALVARY CHAPEL OF YORBA LINDA PRESCHOOL



Application for Enrollment

Date: _____ Enrollment to begin: _____

Child's Name: _____ Birth Date: _____ [] Male [] Female
Address: _____ Phone: _____
City: _____ Zip: _____
Father's Name: _____ Occupation: _____
Employed by: _____ Work Phone: _____ Cell Phone: _____
Name & City of Church Affiliation: _____
Mother: _____ Maiden Name: _____ Occupation: _____
Employed by: _____ Work Phone: _____ Cell Phone: _____
Name & City of Church Affiliation: _____
Family Email Address: _____

Check wherever true:

Pupil lives with:

Own Father: _____ Stepmother: _____ Is Adopted: _____
Own Mother: _____ Stepfather: _____ Legal Guardian: _____

Parents are:

Married: _____ Remarried: _____ Deceased: Mother: _____
Separated: _____ Divorced: _____ Father: _____

Brothers/Sisters	Date of birth	Brothers/Sisters	Date of birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School Schedule:

FULL DAY (6:30am-6:00pm)	3 HR. PROGRAM (8:30am-12:00pm)	LUNCH BUNCH (12-1)
___ 5 days	___ 5 days	___ 5 days
___ 3 days M/W/F	___ 3 days M/W/F	___ 4 days
___ 2 days T/ Th	___ 2 days T/Th	___ 3 days
		___ 2 days

By signing below, we as parents, agree to cooperate with Calvary Chapel of Yorba Linda Preschool and in its program and abide by the policies and tuition payments, acknowledging that tuition is due on the first of each month and is considered late after the fifth of each month. After the 5th a late fee will be assessed to the account. All previous balances must be made current before re-enrollment. Tuition will be billed monthly.

Signature of Father: _____ Date: _____

Signature of Mother: _____ Date: _____

Signature of Administrator: _____ Date: _____

Office Use: Date: _____ Amount Received: _____ Check#: _____ Cash: _____
Received by: _____ Actual Enrollment Date: _____