



Desired Program

_____ *Half Day Kindergarten*

_____ *Full Day Kindergarten*

**Christian Education Center
Application for Kindergarten Admission**

Enrollment Date _____

*Please complete entire form and return to the CEC office.
Attach the nonrefundable \$20 application fee. \$260 Curriculum and classroom fee due May 1st.*

Child's Name _____
First M/I Last

Preferred Name: _____

Date of Birth _____ Place of Birth _____ Gender: _____
Month Day Year City/State

Did your child attend preschool? _____ Preschool Attended: _____

Address _____
Number and Street City Zip

Person to be billed _____
Name Address City Zip

Billing Email Address: _____

Father's Name _____

Address _____

If other than above

City _____ **Zip** _____

Home Phone _____ **Cell** _____

Email _____

Employer/Occupation _____

Mother's Name _____

Address _____

If other than above

City _____ **Zip** _____

Home Phone _____ **Cell** _____

Email _____

Employer/Occupation _____

Does the child stay with a caregiver during the day? _____ If yes, please list caregiver(s) names, addresses and phone contact: _____

Please include names of individuals who have permission to pick up your child from Main Street CEC:

Main Street CEC has my permission to include my name, address and phone number in a student directory.
____Initial here

Main Street CEC has my permission to take photographs of my child during school hours.
____Initial here

Main Street CEC has my permission to take my child out of the fenced in play area during outdoor play times.
____Initial here

Family

Does the child live with both parents? _____ If not, what is the custody arrangement? _____

Please list a few words that describe your child: _____

Please list names and ages of siblings: _____

Church involvement

Why do you desire to enroll your child in Main Street Christian Education Center? _____

Does the child's family attend church on a weekly basis? _____ Church Name _____

Medical information

Child's Pediatrician _____ Phone _____

Insurance Company _____ Phone Number _____

Policy # _____ Group# _____

Name of Insurance Holder _____ Hospital/Clinic Preference: _____

Does child take medicine on a regular basis? _____ if yes, Name of medication _____

For what purpose? _____

Any medical restrictions we should be aware of? _____

Be specific _____

Childhood diseases _____

Emergency contact: (if we are unable to contact a parent we will use this contact)

In case of emergency contact: _____ **(please list someone other than parent)**

Relationship to child _____ Phone _____

____Main Street CEC has my permission to seek emergency medical assistance for my child.

Parent/Guardian Signature

Main Street Christian Education Center does not discriminate based upon religion, race, national origin, disability or gender. All applications will be reviewed based upon the information provided and any subsequent interviews. Main Street Christian Education Center reserves the sole right to approve an applicant. In the case an application is not accepted, the fee will be returned along with the original application.

Please complete the following information for your child.

Child's Name: _____

Hospital/Clinic Preference: _____

_____ Main Street CEC has my permission to seek emergency medical assistance for my child.

Parent/Guardian Signature

Date

For Official Use Only

- Fee enclosed: _____
- Cash or Check # _____
- Date Rec'd: _____
- Application Approved

Administrator _____