



Office Use:  
Date:  
Fee Pd:  
Ck # or DRAFT:

## Preschool Registration Form (2s-TK)

Please call my child \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
(Preferred name, First and Last)

We are registering as (CIRCLE): NEW FAMILY CURRENT FAMILY CCC MEMBER ALUMNI  
Registering for (CIRCLE): 2s Core (9-12) 2s Encore (9-2) 3s (9-2) PreK4 (9-2) TK (9-2)

Child's Birthday \_\_\_\_\_

Home Address \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Best Phone # \_\_\_\_\_ Best Phone # \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Please send all school information to Mom/Dad/Both (circle one)

Parents are married/divorced/separated (circle one)

**Child's Allergies** \_\_\_\_\_

**Any other health concerns** \_\_\_\_\_

Names, ages, and schools of other children in the family:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Has your child attended another school prior to starting CCS? If yes, which school and how long was he/she there?

What is something unique about your child?

Why do you want your child to attend CCS?

What are two goals you have for your child this year?

- 1.
- 2.

Has anything traumatic happened to your child you'd like us to know?

Is your child experiencing any emotional, behavioral, or learning-related issues in their current school or while at home? If yes, please elaborate:

Is your child receiving outside services? (OT/Speech/Behavioral Therapy) If yes, please elaborate on the type of service, frequency, and where it's being delivered.

Is your child fully potty trained? (can completely toilet themselves: clothes down, use the potty, wipe, clothes back on, wash hands) YES NO

Our family attends \_\_\_\_\_ church regularly/infrequently. (circle one)  
Would you like to learn more about Christ Covenant Church? YES NO

Is there anything else you'd like us to know about your child? Special requests?

I have included my \$250 per child registration fee. (non-refundable)

Current Families Only: Please draft my registration fee.

I will use the auto draft option for 9 mo. of tuition. OR  I plan on paying in full in August.

Signature \_\_\_\_\_ Date \_\_\_\_\_

