



**Application for Admission
2011-2012**

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|---|--|---|--|------------------------|------|--------|
| STUDENT INFORMATION | | | | Today's Date: | | |
| Child's Name | | Date of Application | | Social Security Number | | |
| Name Child Goes By | | Date of Birth | | Age | Male | Female |
| Is your child currently enrolled in school? If so, where? | | Are you a current member of Christ Church Christiana Hundred? | | | Yes | No |
| | | Are you interested in early morning or extended care?* | | | Yes | No |
| | | Are you interested in applying for financial aid? | | | Yes | No |

| | | | | | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|--|
| PROGRAM INFORMATION | | | | | |
| I am interested in enrolling my child in the following program: (please mark the appropriate box) | | | | | |
| Beginner, 18 months | 3 mornings 8:30 – 12:30 | 3 full days 8:30 – 3:30 | 5 mornings 8:30 – 12:30 | 5 full days 8:30 – 3:30 | We would like extended care. AM PM |
| Nursery, 2 years old | 3 mornings 8:30 – 12:30 | 3 full days 8:30 – 3:30 | 5 mornings 8:30 – 12:30 | 5 full days 8:30 – 3:30 | We would like extended care. AM PM |
| Primary, 3 years old | 3 mornings 8:30 – 12:30 | 3 full days 8:30 – 3:30 | 5 mornings 8:30 – 12:30 | 5 full days 8:30 – 3:30 | We would like extended care. AM PM |
| Pre-Kindergarten, 4 and 5 years old | 5 mornings, 8:30 – 12:30 | | 5 full days, 8:30 – 3:30 | | We would like extended care. AM PM |

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|---|--|-----------------|-----|-----------------|--|---|--|-----------------|-----|-----------------|--|
| FAMILY INFORMATION | | | | | | | | | | | |
| FATHER'S NAME | | | | | | MOTHER'S NAME | | | | | |
| Email address | | | | | | Email address | | | | | |
| Street Address | | | | | | Street Address | | | | | |
| City | | State | | Zip | | City | | State | | Zip | |
| Mail school communication to this address | | | Yes | No | | Mail school communication to this address | | | Yes | No | |
| Home Phone () () | | Cell () () | | Work () () | | Home Phone () () | | Cell () () | | Work () () | |
| Occupation | | | | | | Occupation | | | | | |
| Employer | | | | | | Employer | | | | | |
| STEPMOTHER'S NAME | | | | | | STEPFATHER'S NAME | | | | | |
| Email Address | | | | | | Email Address | | | | | |
| Street Address | | | | | | Street Address | | | | | |
| City | | State | | Zip | | City | | State | | Zip | |
| Home Phone () () | | Cell () () | | Work () () | | Home Phone () () | | Cell () () | | Work () () | |
| Occupation | | | | | | Occupation | | | | | |
| Employer | | | | | | Employer | | | | | |

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|--|----------------------------------|------------------------------------|--------------------------|-------------------|--|---------------------|---------------------------------------|
| Custody of the child is with: | Both parents at the same address | Both parents at separate addresses | Father | Mother | Mother & Stepfather | Father & Stepmother | Grandparents or other, please detail: |
| Does your child have siblings that currently attend or previously attended CCEP? | | | YES | NO | If yes, please list by name and age. | | |
| Does your child have siblings at other schools? | | | YES | NO | If yes, please list by name, age and school: | | |
| WHY DID YOU SELECT CCEP? | | | | | | | |
| EMERGENCY INFORMATION | | | | | | | |
| If I cannot be reached in an emergency, I give permission to CHRIST CHURCH EPISCOPAL PRESCHOOL and its employees to seek medical care for my child. | | | | | | | |
| Signature | | | | | Date | | |
| Name of Physician | | | Phone Number () | | Address | | |
| STUDENT HEALTH, SAFETY, AND SECURITY INFORMATION | | | | | | | |
| Please list the name, address, and telephone number of individuals we may contact in case of illness or emergency. | | | | | | | |
| Name | | Phone Number () | | Cell Phone () | | Relationship | |
| Name | | Phone Number () | | Cell Phone () | | Relationship | |
| Please list the name, address, and telephone number of individuals who may take your child from school. | | | | | | | |
| Name | | Phone Number () | | Cell Phone () | | Relationship | |
| Name | | Phone Number () | | Cell Phone () | | Relationship | |
| Health Information and Alerts | | | | Allergies | | | |
| Initiaing here gives CCEP permission to post this condition. _____ | | | | | | | |
| PARENT COLLABORATION | | | | | | | |
| I understand that CHRIST CHURCH EPISCOPAL PRESCHOOL is a ministry of Christ Church Christiana Hundred Parish School. I understand and agree that this Application for Admission accompanied by the \$100 non-refundable Application Fee and a copy of my child's birth certificate represents my desire that my child will attend Christ Church Episcopal Preschool for the 2011-2012 school year. | | | | | | | |
| Signature | | | | | Date | | |
| FOR CHRIST CHURCH EPISCOPAL PRESCHOOL USE | | | | | | | |
| Application Received | | | Application Fee Received | | | Birth Certificate | |

***Extended Care (Afternoon):** For Full Day Students Only.

****Age Requirements:** Beginner Program – Must be 1 year old by March 1st

Nursery Program – Must be 2 years old by September 1st

Primary Program – Must be 3 years old by September 1st

Pre K Program – Must be 4 years old by September 1st