

COMMUNITY BAPTIST CHRISTIAN SCHOOLS

5715 Miami Street, South Bend, IN 46614 574.291.3620

PRESCHOOL APPLICATION FOR ADMISSION

2011-2012 SCHOOL YEAR

Half Day: 8:15 a.m. – 11:30 a.m.

Full Day: 8:15 a.m. – 3:00 p.m.

Extended Care Hours are 7:15 a.m. – 5:45 p.m. at no extra charge

This application does not assure final enrollment but provides information upon which a decision will be based. The **enrollment fee (\$60)** and **supply fee (\$110)** must be paid with the application and is refunded only if your child is refused admission. Please see enclosed sheet for tuition rates. **A copy of a birth certificate is also required.**

TUITION PAYMENT PLAN:

(Choose one)

___ 10 Month • Due Monthly - August 1, 2011 – May 1, 2012

___ One Payment • Due August 22, 2011

___ Weekly • Due each Monday

INFORMATION CONCERNING THE STUDENT:

Name: _____
(Last) (First) (Middle) (Sex)

Home Address _____
(Street) (City) (State) (Zip)

Home Telephone Number _____

Age ___ Date of Birth _____ Student Social Security Number _____

Applying for K3 _____ or K4 _____ Who is authorized to pick up your child? _____

Which days of the week do you plan to use? (Please check all that apply.)

Monday AM ___ Tuesday AM ___ Wednesday AM ___ Thursday AM ___ Friday AM ___

Monday PM ___ Tuesday PM ___ Wednesday PM ___ Thursday PM ___ Friday PM ___

Expected drop off time: _____ Expected pick up time: _____

Child's interests and hobbies _____

Special disabilities _____

Any unusual factors in the child's life? (absence of father/mother, disability of either, grandparents or other relatives in home, serious illnesses, adoption, other adults – other than parents – or relative living in the home, etc.)

Has child had any disciplinary difficulty in another preschool? _____ If so, state briefly _____

INFORMATION CONCERNING THE FAMILY:

Father's Name _____ Mother's Name _____

Father's Cell Number _____ Mother's Cell Number _____

Father's Email _____ Mother's Email _____

Father's Employment _____ Mother's Employment _____

Father's Work Number _____ Mother's Work Number _____

Name of church _____ Address _____

Attends church: () regularly () occasionally () seldom Members? _____

Marital Status () Married () Widowed () Divorced () Separated

If parents are separated, who has legal custody of the child? _____

Number of children living at home? _____ Will you be able to settle accounts promptly? _____

Do you have an outstanding balance at any Christian school? _____

Is your child covered under major medical insurance? _____ If yes, name of insurance company:

Explain why you wish your child attend our school. _____

State how you came to hear of our school. _____

Date

Parent/Guardian

Community Baptist Christian School is a ministry of Community Baptist Church of South Bend, Indiana. The enrollment is not limited to the church membership. We admit students of any race, color, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

3-10-11