

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: _____ **Occupation:** _____

Employed by: _____ **Work Phone:** _____ **Cell phone:** _____

Mother: _____ **Maiden Name:** _____ **Occupation:** _____

Employed by: _____ **Work Phone:** _____ **Cell Phone:** _____

If You Attend A Church Please Indicate Name & City: _____

Mother's Email Address: _____ **Father's Email Address:** _____

Check wherever true:

Pupil lives with *(Please attach a copy of custody arrangement if child resides in multiple homes):*

Own Father: _____

Stepmother: _____

Is Adopted: _____

Own Mother: _____

Stepfather: _____

Legal Guardian: _____

Other: _____

Parents are:

Married: _____

Remarried: _____

Deceased: Mother: _____

Separated: _____

Divorced: _____

Father: _____

Brothers/Sisters:

Date of birth:

Brothers/Sisters:

Date of birth:

CCYL Schedule:

FULL DAY (6:30am-6:00pm)

3 HR. PROGRAM (8:30am-12:00pm)

LUNCH BUNCH (12:00pm-1:00pm)

___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

Has your child attended preschool previously: ___ Yes ___ No

School Name: _____ **Dates of Enrollment:** _____

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:** _____