

Cornerstone CHRISTIAN ACADEMY Preschool

Child Enrollment Packet

2600 N Highlands Blvd

Avon Park, FL 33825

(863) 453-0894

www.ccaap.org

Step 1 – Application

Families submit a completed application including:

- Application
- Birth Certificate
- Parent Questionnaire form
- Ministry Reference
- Non-refundable application fee \$100 per child

Step 2 – Approval

The Admissions Committee will review the completed documents and meet for final approval. The approval process is made carefully and prayerfully as CCAP desires to meet the needs of each child it accepts. The parents will be notified of the approval status.

Step 3 – Enrollment

Children offered enrollment in CCAP will be given an enrollment packet. The enrollment packet contains:

- Enrollment Agreement which specifies financial obligations
- Preschool information regarding uniforms, school calendar, etc.
- Emergency Contact Form
- Health Records Request for immunization records
- Health Record Request for physical exam
- Request for any court order regarding custody of the child, if applicable
- List of items needed for the year

Child's Legal Last Name _____ First Name _____

Middle Name _____ Prefers to be Called _____

Age: _____ Birth Date: ____/____/____ Male _____ Female _____

Applying for Year: 20____/20____ Home Phone: _____

Home Address: _____
Street City State Zip

Current Preschool Attending: _____

Please check one: African American Asian Caucasian Hispanic Native American Other _____

If there are other children in your family, please complete the following:

Name: _____ Age: _____ Grade: _____ Current School: _____ Applying to CCA: _____

Name: _____ Age: _____ Grade: _____ Current School: _____ Applying to CCA: _____

Name: _____ Age: _____ Grade: _____ Current School: _____ Applying to CCA: _____

Church Affiliation:

Is your family active in a local church? Yes No

Denominational Preference: _____

Church: _____ City: _____

Supplemental Information:

How did you hear about CCAP? Church Friends Website Other: _____

Waiver of Confidential Materials:

We understand that recommendations and evaluations obtained for the purpose of admission to Cornerstone Christian Academy Preschool are confidential, and as parents (or legal guardians) we waive our right to them. To the best of our knowledge, the information in this application is accurate. We also understand that misrepresentation will invalidate the application process.

Father's Signature Date Mother's Signature Date

Admission Application

Child lives with: Father Mother Stepfather Stepmother Guardian Other

Please check any that apply: Parents Married Parents Divorced Parents Separated Father Remarried
 Mother Remarried Father Deceased Mother Deceased

If applicable, who has legal custody? _____

Father Stepfather Guardian

Mother Stepmother Guardian

Name: _____

Name: _____

Address: _____
Street

Address: _____
Street

City State Zip

City State Zip

Occupation/Position: _____

Occupation/Position: _____

Business Name: _____

Business Name: _____

Address: _____

Address: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Father Stepfather Guardian

Mother Stepmother Guardian

Name: _____

Name: _____

Address: _____
Street

Address: _____
Street

City State Zip

City State Zip

Occupation/Position: _____

Occupation/Position: _____

Business Name: _____

Business Name: _____

Address: _____

Address: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Child Applying: _____

PARENTS: Please complete the following questions regarding the applicant.

1. Please tell about your child's favorite activities: _____

2. Please tell about your child's play habits and sleeping patterns: _____

3. Please tell about your child's eating habits and preferences.

4. In what way can we help your child this year? _____

5. Is the child currently taking prescription medication? Yes No
Type of medication: _____
Condition for which medication is being taken: _____

6. Please indicate the child's general state of health: Excellent Good Fair Poor

7. List all known allergies: _____

8. Please list all known fears/triggers: _____

9. Any additional information or comments? _____

Father's Signature: _____ Mother's Signature: _____

Confidential Ministry Reference

TO BE COMPLETED BY THE APPLICANT

Parents' Names: _____ Child Applying: _____

Date: _____ Pastor's Name: _____

TO THE MINISTRY LEADER:

The above-named child has applied to Cornerstone Christian Academy Preschool. We would greatly appreciate you completing this reference. Your comments will be held in the strictest confidence. Within 7 days, please return to CCAP by mail or electronically to ccaoffice@ccaap.org.

1. How long have you known this family? _____

2. What is the applicant's relationship to the church?

Church Member, Actively Involved

Regular Attender, Actively Involved

Church Member, Occasionally Involved

Regular Attender, Occasionally Involved

Rarely Attends or Involved

3. Please circle the following areas based on a 1 – 5 scale. (Five being the best.)

Participation in church sponsored activities 5 4 3 2 1

Attitude toward church leaders/authority 5 4 3 2 1

4. In your opinion, what spiritual gifts have you observed in this family's life?

Father: _____

Mother: _____

5. What words or phrases come to mind when describing the applicant's family?

Signature: _____

Print Name: _____

Name of Church: _____

Position: _____ Date: _____