

# **CORNERSTONE CHRISTIAN ACADEMY PRESCHOOL**



## **Child Enrollment Packet**

2600 N Highlands Blvd

Avon Park, FL 33825

(863) 453-0894

[www.ccaap.org](http://www.ccaap.org)



# CORNERSTONE CHRISTIAN ACADEMY PRESCHOOL

## Admissions Process

### 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



# CORNERSTONE CHRISTIAN ACADEMY PRESCHOOL

## Admission Application

Page 1 of 2

Child's Legal Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Prefers to be Called \_\_\_\_\_

Age: \_\_\_\_\_

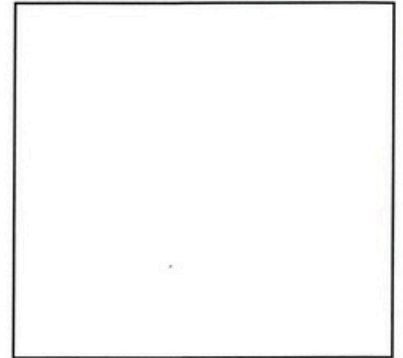
Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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



# CORNERSTONE CHRISTIAN ACADEMY PRESCHOOL

## Admission Application

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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: \_\_\_\_\_





# CORNERSTONE CHRISTIAN ACADEMY PRESCHOOL

## Parent Questionnaire

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: \_\_\_\_\_



# CORNERSTONE CHRISTIAN ACADEMY PRESCHOOL

## 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](mailto: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: \_\_\_\_\_