

CENTRAL CHRISTIAN SCHOOL

95-388 Wikao St. Mililani, HI 96789 Phone: (808) 625-5055 Fax: (808) 625-0714



PRESCHOOL APPLICATION

Date of Application _____

Admission for Fall 20 ____

Student's Name _____

Date of Birth _____

Age as of 8/1/07 _____

Circle One M / F

Father/Guardian Name:		Mother/Guardian Name:	
Address:		Address:	
Res. Ph:		Res. Ph:	
E-Mail:		E-Mail:	
Employer Name and Address:		Employer Name and Address:	
Occupation:		Occupation:	
Bus. Ph:	Cell/Pager:	Bus. Ph:	Cell/Pager:

- Child lives with: Both Parents Mother Only Father Only Other (specify)
- Marital Status: Married Single Divorced Separated
- Father: Deceased Remarried
- Mother: Deceased Remarried

Pickup/Emergency Contacts*	Address	Phone

*** Please submit a comprehensive list as changes by phone are not accepted.**

MEDICAL INFORMATION - State law requires that we have doctor's name, address & phone number.

Doctor's Name: _____ Address: _____ Ph: _____

Medical Insurance Carrier: _____ Policy #: _____

Allergies or special health problems: _____

Has your child ever been tested for ADHD, ADD, or other learning disabilities? Y / N If "Yes" what was the diagnosis? _____

Parent(s) Church Membership: _____

Father's Church _____ Member? _____ Attends Regularly? _____

Mother's Church _____ Member? _____ Attends Regularly? _____

Does student attend Sunday School regularly? _____ Church regularly? _____

Brothers & Sisters:		
Name	Age	School

Central Christian School was recommended to me by: _____

I wish to have my child attend Central Christian School because _____

SCHOOL INFORMATION: (Complete if applicable)

School last attended: _____

Has student ever failed a grade? _____ Name _____ Which? _____ Address (if not local school) _____ Why? _____

Has student ever been suspended from school? _____ When? _____

Why? _____

Has student had any serious discipline problems in school? _____ If so, explain _____

PARENT'S ACCEPTANCE PLEDGE:

Name of person(s) paying tuition: _____

1. I grant permission for emergency medical care for my child in the event of serious illness or accident and if parent(s) cannot be reached. I also grant permission for the school to call our physician in an emergency.
2. I will support the school in the classroom discipline of my child.
3. I understand that the school reserves the right to dismiss any student who does not respect its spiritual standards or does not cooperate in the educational process.
4. I understand that the administration has full responsibility for placing my child in the proper class.
5. I understand that it is my responsibility to make tuition, fees and other payments on time in accordance with my agreement with the school.
6. I grant permission for the school to take my child on scheduled field trips and other school activities, trusting that every safety precaution will be taken.
7. I grant permission for my child to use all of the play equipment at the school to participate in all school activities including field trips.
8. I grant permission for my child to be included in pictures connected with the school program including the church's website.
9. Before pursuing other alternatives, I agree to submit any dispute involving the school or its staff to mediation.
10. By signing below I grant permission for Central Christian School to print our family name, address and phone number in the school directory.

FATHER'S SIGNATURE

MOTHER'S SIGNATURE
