

The Children's Community School

2012-2013 APPLICATION for ENROLLMENT

To apply for enrollment, please fill this form out and return with \$35 application fee. Checks should be made to the Children's Community School.

Child's Full Name: _____

Date of Birth: _____ **Current Age:** _____ **Gender:** _____

Address: _____ **City:** _____ **Zip:** _____

Languages spoken at home: _____

The Children's Community School accommodates children of varying learning and physical abilities. The school has limited facilities and staff to meet the needs of children who have physical and/or emotional factors that would influence their school experience. Please state below conditions of which we should be cognizant.

Parent/Guardian Name: _____

Please check the best way to contact you.

Home Phone: _____ **Work Phone:** _____

Mobile Phone: _____ **Email:** _____

Company/Profession: _____

Parent/Guardian Name: _____

Please check the best way to contact you.

Home Phone: _____ **Work Phone:** _____

Mobile Phone: _____ **Email:** _____

Company/Profession:

Emergency Contact information:

1. Name:

Number _____ Relationship to
child _____

2. Name:

Number _____ Relationship to
child _____

Preferred Attendance Option:

TWO DAY program (Monday/ Tuesday 8:30-12:30)

THREE DAY Program (Wednesday/Thursday/Friday 8:30-12:30)

FIVE DAY Program (all week 8:30-12:30)

Are you interested in enrolling your child in the seperate teacher run after care program from 12:30-4:30? If yes, for how many days? The program is M-Th. _____

Other Questions:

Child's previous and/or current school experience:

What do you, as a parent, want as a school learning experience for your child? What areas of life do you feel are important? What values do you consider most important for your child?

In what ways do you hope to become involved in The Children's Community School (circle all that apply)?

Classroom Volunteer Substitute Teacher Fundraising Parent's
Council

I hereby submit this application to The Children's Community School for the 2012-2013 school year on behalf of my child. I understand that this application fee is

non-refundable and that it does not guarantee my child a space CCS. It does, however, secure my family a spot on the CCS waiting list.

Signed _____ Date _____

We thank you for your time and thoughtfulness in completing this enrollment application form. Please submit this completed form with \$35 fee to The Children’s Community School. Please contact merrylg@gmail.com or tracichildress@gmail.com for more information. We appreciate your interest in joining The Children’s Community School.

The Children’s Community School seeks to foster a climate of purposeful inclusion of all regardless of gender, age, race, ethnicity, income, national origin, disability, sexual orientation, gender identity or expression. This guides our selection/ admissions process to ensure diversity.

OFFICE USE ONLY: Received by _____ Amount _____ Date _____