

CEDAR VALLEY CHRISTIAN SCHOOL

EARLY EDUCATION APPLICATION

Early Education Morning Option
Tuesday & Thursday
9:00 am -11:30 am

Early Education Morning Option
Monday, Wednesday, & Friday
9:00 am -11:30 am

Early Education All Day Option
Monday, Wednesday, & Friday
9:00 am – 3:15 pm

Early Education & Lunch Bunch
Tuesday & Thursday
9:00 am – 1:00 pm

Early Education & Lunch Bunch
Monday, Wednesday, & Friday
11:30 am -1:00 pm

Early Education All Day Option
Monday – Friday
9:00 am – 3:15 pm

**MINIMUM ENROLLMENT REQUIRED.
\$100 NON-REFUNDABLE DEPOSIT TO ENSURE PLACEMENT.**

FAMILY INFORMATION

Child's Name _____ Sex _____
Last First Middle

Child's birth date _____ Preferred Name _____
Month Day Year

Father's Email _____ Mother's Email _____
(REQUIRED) (REQUIRED)

Child's Address _____

Father/Guardian _____
Name Employer Cell Phone

Address (if different from child's) _____

Mother/Guardian _____
Name Employer Cell Phone

Address (if different from child's) _____

Other children in the home:

Name age Name age

Name age Name age

Name age Name age

PHYSICAL INFORMATION

Does your child have any allergies we should be aware of? _____

Describe any physical disabilities or medical issues your child has (hearing, speech, heart, muscular, etc.)

Does your child have any unusual sleep patterns? _____ Explain _____

SPIRITUAL INFORMATION

How often does your child attend church?_____ Who attends with your child?_____

What church does your child attend? _____

What services, children’s ministries, etc. does your child participate in? _____

Describe your child’s personal knowledge of / relationship with Jesus Christ _____

SOCIAL / EMOTIONAL INFORMATION

Does your child meet new people easily? _____

How well does your child interact with other children? _____

What opportunities does your child have for socialization? (i.e. neighborhood, Sunday school, play group, siblings.... please tell how often your child participates in each group and the ages of the other children)

Is your child usually happy? _____

What are your child’s special interests or favorite activities? _____

Does your child have any personal habits, routines, security items, etc. that we should be aware of?

How is your child disciplined at home, and by whom? _____

Describe any other information, family situations or issues that may help us to better understand and relate to your child _____

Please sign below, indicating that you have read the current Cedar Valley Family Handbook and agree to abide by the policies and procedures of the school.

Signature of parents or guardians

date

PICK-UP PERMISSION

CHILD'S FULL NAME _____

I hereby give my permission for my child to leave the school with the following persons named below. I will notify the school in writing of any changes.

(Please include parents and emergency care persons on this list.)

NAME	RELATIONSHIP TO CHILD	PHONE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please explain any separation, divorce, or custody situations of which we should be aware:

Names and descriptions of persons who may NOT pick up the child:

Signature of parent

Date

Cedar Valley Christian School
3636 Cottage Grove Avenue. SE
Cedar Rapids, Ia 52403
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cedarvalleychristianschool.org