

# CEDAR VALLEY CHRISTIAN SCHOOL

## PRESCHOOL, PRE-K, AND KINDERGARTEN APPLICATION

**FOR WHICH CLASS ARE YOU APPLYING? MINIMUM ENROLLMENT REQUIRED**

<input type="checkbox"/> <b>PRESCHOOL</b> T/TH 9:00-11:30 am	<input type="checkbox"/> <b>PRE-K</b> morning option M/W/F 9:00-11:30 am	<input type="checkbox"/> <b>PRE-K</b> all day option M/W/F 9:00-3:30 pm	<input type="checkbox"/> <b>KINDERGARTEN</b> (5YR OLDS) M-F 8:45-3:30
<input type="checkbox"/> <b>AND LUNCH BUNCH</b> T/TH 11:30-1:00 pm	<input type="checkbox"/> <b>LUNCH BUNCH</b> M/W/F 11:30-1:00 pm	<input type="checkbox"/> <b>all day option</b> M-F 9:00-3:30	

### FAMILY INFORMATION

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_  
Last First Middle

Child's birth date \_\_\_\_\_ Preferred Name \_\_\_\_\_  
Month Day Year

Dad's Email \_\_\_\_\_ Mom's Email \_\_\_\_\_

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 food allergies? \_\_\_\_\_

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

\*How did you hear about Cedar Valley Christian School? \_\_\_\_\_

\_\_\_\_\_

**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.)

<b>NAME</b>	<b>RELATIONSHIP TO CHILD</b>	<b>PHONE</b>
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 S.E.  
Cedar Rapids, Iowa 52403  
Phone # 319-366-7462**