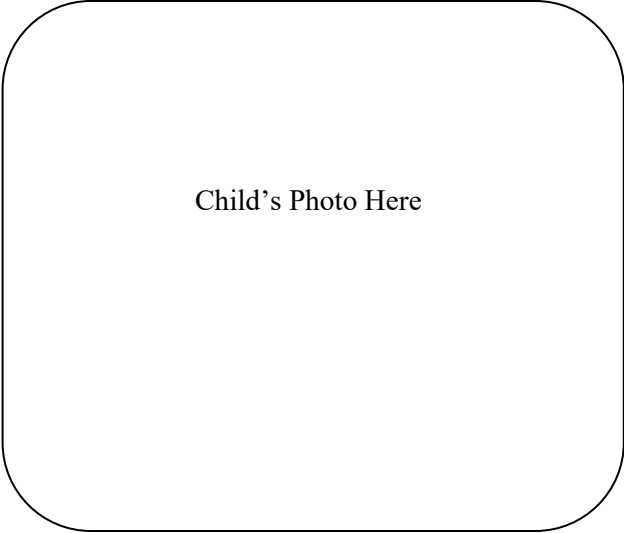




Application Form

\$60 fee
(non-refundable)



Child's Name _____

Date of Birth _____ Boy ___ Girl ___

Address _____

Primary Phone # _____

Parent Name _____

Place of Business _____

Parent Name _____

Place of Business _____

Cell Phone # _____

Work Phone # _____

Cell Phone # _____

Work Phone # _____

E-mail Address to be used for school info and reminders _____

Members of First Christian Church of North Hollywood **yes** ___ **no** ___
Must be a church member for at least six months, have regular attendance and regular tithing.
(Upon verification)

Please indicate the schedule of your choice:					First choice = #1	Second choice = #2
Full Days	9am – 3pm	(M-F) ___	(MWF) ___	(T/Th) ___		
Morning Session	9am – 12:30pm	(M-F) ___	(MWF) ___	(T/Th) ___		
Afternoon Session	12:30 – 3pm	(M-F) ___	(MWF) ___	(T/Th) ___		

Early care need - 8:00 am – 9:00 am Daily ___ Occasionally ___ N/A ___

After care need - 3:00 pm – 5:00 pm Daily ___ Occasionally ___ N/A ___

Enrollment into CNS will be considered on a first-come, first-served basis. It is our understanding that this is an application to be placed on the waitlist and in no way confirms acceptance into Christian Nursery School.
 At the time of acceptance, there is a non-refundable registration fee and a deposit that I will be responsible for in order to secure my child's placement at Christian Nursery School.
 In order to received priority, application must be received by the December prior to enrollment.
 The children must have received immunizations required by California Department of Public Health.

Signature of parent/guardian

Date

For Office Use Only

Check# _____ Cash _____ Credit Card _____ Enrollment Date _____ 10% Sibling _____ 15% Church Member _____