

# 2021-2022 Faith Christian School Enrollment Application

## Preschool

Please fill this form out completely!

Date of Application: \_\_\_\_\_

### STUDENT INFORMATION

Name: \_\_\_\_\_  
Last First M.I.

Birthdate: \_\_\_\_\_ Gender M / F  
Month Day Year

### RESIDENCY INFORMATION

Who does the child live with? Both Parents Father Only Mother Only Mother and Spouse Father and Spouse  
(circle one) Grandparents Foster Parents Other: \_\_\_\_\_

Physical address for child: \_\_\_\_\_

Mailing address (if different than physical): \_\_\_\_\_

### BIOLOGICAL FATHER

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If different than child's)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Allowed?  YES  NO

### BIOLOGICAL MOTHER

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If different than child's)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Allowed?  YES  NO

### OTHER ADULT #1 (if student lives with):

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If different than child's)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Allowed?  YES  NO

### OTHER ADULT #2 (if student lives with):

Full Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(If different than child's)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Allowed?  YES  NO

## GETTING TO KNOW YOU:

Describe your child's personality and interests:

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Please tell us about your child's strengths:

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Briefly tell us how you heard about FCS and why you have selected this school for your child:

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What does your family do to incorporate faith into your home?

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What do you see as your role or responsibility in the education of your son/daughter?

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## FAITH INFORMATION

Where does your family presently attend church? \_\_\_\_\_

Church Phone Number: \_\_\_\_\_ Pastor's Name: \_\_\_\_\_

Parent/Guardian 1: How does your relationship with Christ impact your everyday life?

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Parent/Guardian 2: How does your relationship with Christ impact your everyday life?

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