

Faith Christian School

Preschool

Application for Enrollment

Date of Application _____

Student Information

Student Full Name _____ Male Female

Date of Birth ____/____/____ Age _____

Address _____ City _____

Zip Code _____ Telephone _____ Cell _____

Describe your child's personality and interests:

Please tell us about your child's strengths:

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

Family Information

1. Parent/Guardian _____ Relationship to Child _____

Employer _____ Work Phone _____ Cell _____

2. Parent/Guardian _____ Relationship to Child _____

Employer _____ Work Phone _____ Cell _____

Please list ALL email addresses that Faith Christian School should use for school communications.

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

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

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?

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