



A ministry of The King's Christian School

Application for Admission

Child's Full Name: _____

Child's Birth Date: ____/____/____ Sex: ____ M ____ F

Please circle whether you would like: Half-day or Full-day

Please circle at least two days: Mon Tues Wed Thurs Fri

How long has your child been potty trained? _____

Does your child have any special needs or allergies that we should be aware of? _____

Family Information

Father's Name: _____ Phone: _____

Father's Address: _____

Father's Email: _____

Mother's Name: _____ Phone: _____

Mother's Address (if different from above): _____

Mother's Email: _____

*If the above addresses are different, with whom does the child reside? Mother Father

Church Affiliation: _____