## Cornerstone Christian Preschool

208 Fig Tree Road, Chowchilla, CA 93610 Office 559-665-1182 / FAX 559-665-2949 E-Mail cindy@ccchowchilla.com Lic# 203808503

APPLICATION FOR ENROLLMENT



Applying for (Class)	For Sch	ool Year 20 20
	Student Information	
Student Name (Last, First)		Sex: M / F
Preferred Name		
Birthday://		
Home Address:  Street	City	State Zip
Child Lives With: Both Parents Please provide	Mother Father Father	Other at of your child.
	Family Information	
FATHER/ Authorized Adult List all siblings and their ages.		MOTHER/Authorized Adult
	Name	
	Home Address	
	City / State / Zip	
( )	Home Phone	( )
( )	Cell Phone	( )
( )	Work Phone	( )
	Email Address	
	Yes No If yes list medica	ic, etc.)? Yes No tions:
time of registration in August. Enrollment	acceptance is subject to the enrollment pole from previous program years and futu	non-refundable registration fee is due at the procedures. Student applications will not be re class placement will not be reserved unon provided above. My signature certifies
the accuracy of the information provided		
Signature of parent or legal guardian:		Date:
Print Name		