



## PRESCHOOL APPLICATION

CREATING A PASSION FOR CHRIST AND A LOVE OF LEARNING

### ✓ BASIC INFORMATION

CHILD'S NAME \_\_\_\_\_ / TODAY'S DATE \_\_\_\_\_ / AGE \_\_\_\_\_  
Last First Middle

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ MALE  FEMALE  STUDENT'S RACE \_\_\_\_\_  
(Hispanic, Latino, American Indian, Asian, African American, Caucasian...)

Does your child have any speech challenges? No \_\_\_/ Yes \_\_\_/ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Does your child have any physical, learning, or emotional challenges that would be important for our staff to know about?  
No \_\_\_/ Yes \_\_\_/ If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

### ✓ FAMILY INFORMATION

FATHER OR MALE GUARDIAN NAME \_\_\_\_\_ /  
Last First Middle  
PHONE \_\_\_\_\_ / ADDRESS \_\_\_\_\_ / CITY \_\_\_\_\_ / STATE \_\_\_\_\_ / ZIP \_\_\_\_\_ /  
OCCUPATION \_\_\_\_\_ / EMPLOYER \_\_\_\_\_ / PHONE \_\_\_\_\_ /  
EMAIL \_\_\_\_\_ /

MOTHER OR FEMALE GUARDIAN NAME \_\_\_\_\_ /  
Last First Middle  
PHONE \_\_\_\_\_ / ADDRESS \_\_\_\_\_ / CITY \_\_\_\_\_ / STATE \_\_\_\_\_ / ZIP \_\_\_\_\_ /  
OCCUPATION \_\_\_\_\_ / EMPLOYER \_\_\_\_\_ / PHONE \_\_\_\_\_ /  
EMAIL \_\_\_\_\_ /

The office requires a copy of any custodial agreements in effect. In the absence of information, both parents will have equal access to the student and student's records.

### ✓ EMERGENCY INFORMATION

Cell Phone + Additional Phone in case of emergency \_\_\_\_\_  
Trusted relative, friend, or neighbor we may call if we cannot get in touch with you  
NAME \_\_\_\_\_ / RELATIONSHIP \_\_\_\_\_ / PHONE \_\_\_\_\_ /  
FAMILY DOCTOR OR PEDIATRICIAN \_\_\_\_\_ / PHONE \_\_\_\_\_ / HOSPITAL \_\_\_\_\_ /  
Medical concerns we should know about \_\_\_\_\_  
\_\_\_\_\_

### ✓ CHURCH INFORMATION

CHURCH NAME \_\_\_\_\_ / PHONE \_\_\_\_\_ /  
LENGTH OF MEMBERSHIP / YEARS \_\_\_\_\_ / PASTOR'S NAME \_\_\_\_\_ /



## APPLICATION CONTINUED

**▼ SIBLINGS**

▼ NAME	AGE	GRADE	SCHOOL CURRENTLY ATTENDING

**▼ CLASS PREFERENCE**

THREE-YEAR-OLD CLASS \_\_\_/ Tuesday & Thursday, 9:00-11:30 AM

FOUR/FIVE-YEAR-OLD CLASS (Please indicate Monday/Wednesday OR Tuesday/Thursday AND if applying for the optional Friday class.)

\_\_\_/ Monday & Wednesday, 9:00-11:30 AM

\_\_\_/ Tuesday & Thursday, 9:00-11:30 AM

\_\_\_/ Optional Friday, 9:00-11:30 AM

**▼ TO ENROLL**

Please complete this application form and mail it with a \$29 non-refundable enrollment fee to:

AnchorPoint Christian School / 601 36th St. / Wyoming, MI 49509

How did you hear of AnchorPoint Christian Preschool? \_\_\_\_\_

**▼ ANCHORPOINT MISSION STATEMENT**

AnchorPoint Christian School inspires and educates our diverse community through affordable and innovative teaching, creating a passion for Christ and a love of learning.

I/We understand that the education provided for my/our child in AnchorPoint Christian School is Christ-centered and founded on the teachings of the Bible's Old and New Testaments. Neither I/we nor my/our child will be openly hostile to the school's religion. INITIAL \_\_\_\_\_

I/We understand the mission of AnchorPoint Christian School and agree to fully support the staff in carrying out their mission. INITIAL \_\_\_\_\_

I/We agree to fulfill the tuition commitment I/we make to AnchorPoint Christian School. INITIAL \_\_\_\_\_

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ / DATE \_\_\_\_\_

PARENT'S/GUARDIAN'S SIGNATURE \_\_\_\_\_ / DATE \_\_\_\_\_