



**PRESCHOOL STUDENT APPLICATION**

7175 W. Oquendo Road \* Las Vegas, NV 89113  
Phone: 702.248.8879 \* Fax: 702.220.8694  
[WWW.CCCLIONS.ORG](http://WWW.CCCLIONS.ORG)

\*\*\* For Office Use \*\*\*  
Date Recvd:  
Grade:  
School Year:  
App Fee:  
Enrollment Fee:

Student's Name \_\_\_\_\_

**Applications must have the pastoral reference attached, or on file in the school office, in order to be considered complete. Members of Calvary Chapel Spring Valley and those with siblings currently enrolled in Calvary Chapel Christian School will receive priority.**

Do you currently have a student enrolled at CCCS? Yes  No  If yes, please list names and grades:  
\_\_\_\_\_

**To be eligible to attend Calvary Chapel Preschool, the student and at least one parent must be in active attendance for at least six months at Calvary Chapel Spring Valley or another area church of like faith.**

We actively attend and support Calvary Chapel Spring Valley or another church listed below:

Calvary Chapel Spring Valley  Other Church (Please Specify) \_\_\_\_\_

**We are interested in the following: (please only choose one)**

\_\_\_ ↑ 3 & 4 Yr. Old Pre-school and Child Care: \$725.00 per month, \$225.00 Annual Registration Fee  
7:00 a.m. – 5:30 p.m., Monday – Friday

\_\_\_ ↑ 3 Yr. Old Pre School: \$215.00 per month, \$225.00 Annual Registration Fee  
8:00 a.m. – 11:00 a.m. Tuesday and Thursday

\_\_\_ 4 Yr. Old Pre School: \$295.00 per month, \$225.00 Annual Registration Fee  
8:00 a.m. - 11:00 a.m. Monday, Wednesday & Friday

or  
\_\_\_ 12:00 p.m. – 3:00 p.m. Monday, Wednesday & Friday

**All pre-school/childcare students must be at least three years of age on the date of enrollment and must be potty trained. I understand that acceptance and/or enrollment in the Child Care program does not constitute acceptance into Calvary Chapel Christian School.**

## STUDENT INFORMATION

Student's Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Nickname \_\_\_\_\_  
(Last) (First) (MI)

Gender \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_ SS# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parents Are:

Married \_\_\_\_\_ Divorced \_\_\_\_\_ If divorced, which parent has primary physical custody? \_\_\_\_\_

Joint Custody? Yes \_\_\_ No \_\_\_ If no, parent with legal custody: \_\_\_\_\_

A copy of the Custody Agreement is required upon acceptance.

## FATHER/Guardian Information

Father's Name \_\_\_\_\_ / \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First)

Home Address \_\_\_\_\_  
Street City State Zip Code

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

E-mail Address (please print clearly) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

## MOTHER/Guardian Information

Mother's Name \_\_\_\_\_ / \_\_\_\_\_ SS# \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First)

Home Address \_\_\_\_\_  
Number Street City

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
State Zip Code

E-mail Address (please print clearly) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

### NON-DISCRIMINATORY POLICY

**CCCS admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The School does not discriminate on the basis of race, color, national or ethnic origin in administration of its education policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs.**

The two factors most influencing us to apply to CCCS (Please select only two)

- Location  Reputation  Christian Philosophy  
 Displeasure with Local Schools  Recommendations from CCCS Families

Previous schools attended starting with most recent: Address is necessary to request student records.

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Has your child ever been suspended from any school or asked to leave?  Yes  No If Yes, please explain: \_\_\_\_\_

I/We hereby authorize CCCS to obtain all information and files from all previous schools.  Yes  No

Has the applicant received special help for a learning difficulty or been tested for such?  Yes  No If yes, please provide documentation with this application.

Has the applicant been diagnosed with ADD,ADHD or a learning disability?  Yes  No  
If yes, please provide documentation with this application.

Is the applicant present taking any medication?  Yes  No If yes, please explain \_\_\_\_\_

### MEDICAL INFORMATION

Primary Physician Name \_\_\_\_\_ Phone \_\_\_\_\_

Primary Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Known Allergies \_\_\_\_\_ Special Medical Conditions \_\_\_\_\_

Describe any illness, diseases or physical disabilities that either have affected or may affect your child's general health, schoolwork or participation in the school's athletic programs. Are there currently any behavioral psychological or educational evaluations, treatments or interventions?

Describe your child. Include your parental perspective on your child, your child's strengths and abilities, special areas of interest as well as areas of concern, and his/her relationship with God. We appreciate your assistance in helping us to know your child better. Use a separate sheet if necessary.

### PICK UP INFORMATION

Please list the names of individuals, other than parents/guardians, who have permission to pick up this student.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Emergency contacts, other than parents:

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Media Consent:** I grant permission to Calvary Chapel Christian School and its staff to photograph, videotape me/my child(ren) and to copyright, use and/or publish the photographs/videos and audiotapes in any school publications and public relations material, including the website.

I currently attend the church indicated above and know that I must present a *Pastoral Reference* form from that fellowship. I agree to abide by the standards set forth in the student handbook and those decisions made by the administration of Calvary Chapel Christian School.

I have answered the above questions in truth and to the best of my ability. I hereby certify that the facts contained in this enrollment application are true and complete to the best of my knowledge.

A \$25.00 fee is due upon submission of this application. Enrollment fees are due upon acceptance. I understand that ALL FEES ARE NOT REFUNDABLE.

\_\_\_\_\_  
Father's/Guardian's Signature      Date

\_\_\_\_\_  
Mother's/Guardians' Signature      Date

**Permission To Release Information**

I understand that the time my child, \_\_\_\_\_ is in the facility, that the director may be asked for information regarding my child.

\_\_\_\_\_ I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare or other governmental officials.

\_\_\_\_\_ I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that State of Nevada Child Care Licensing Unit has access to my child's record as the licensing agent and may view the record upon facility inspection.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

I, \_\_\_\_\_, am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date

The following **must** accompany this application:

- Pastoral Reference
- Parent Testimony
- Signed Statement of Faith
- \$25 non-refundable application fee

The following is required at time of enrollment:

- Birth Certificate
- Immunization Records
- Enrollment Fee
- Health Statement Signed by a Physician
- Copy of most current Custody Agreement if applicable

Applications and fees are only held for the school year being applied for. Applications and fees must be resubmitted for each school year. Consideration for acceptance for the Fall school year begins each January, however, applications and fees may be submitted prior to that date. Applications that do not have the above mentioned documents attached will be considered incomplete and will not be processed.

**\*\*Submission of application does not constitute approval of admission\*\***

## Statement of Faith

**We believe** there is one living and true GOD, eternally existing in three persons: the Father, the Son, and the Holy spirit, equal in power and glory; that this triune God created all, upholds all, and governs all.

**We believe** that the Scriptures of the Old and New Testaments are the Word of God, fully inspired without error in the original manuscripts, and the infallible rule of faith and practice.

**We believe** in God the Father, an infinite, personal Spirit perfect in holiness, wisdom, power and love; that He concerns Himself mercifully in the affairs of men; that He hears and answers prayer; and that He saves from sin and death all who come to Him through Jesus Christ.

**We believe** in Jesus Christ, God's only begotten Son, conceived by the Holy Spirit. We believe in His virgin birth, sinless life, miracles and teachings; His substitutionary atoning death, bodily resurrection, ascension into heaven, perpetual intercession for His people and personal, visible return to earth.

**We believe** in the Holy Spirit, who came forth from the Father and Son to convict the world of sin, righteousness, and judgment, and to regenerate, sanctify and empower for ministry all who believe in Christ; we believe the Holy Spirit indwells every believer in Jesus Christ and that HE is an abiding Helper, Teacher, and Guide. We believe in the present ministry of the Holy Spirit and in the exercise of all the biblical gifts of the Spirit.

**We believe** that all people are sinners by nature and choice and, therefore, are under condemnation; that God regenerates by the Holy Spirit, those who repent of their sins and confess Jesus Christ as Lord; that Jesus Christ baptizes the seeking believer with the Holy Spirit in power for service, often subsequent to regeneration.

**We believe** that the Lord Jesus Christ committed two ordinances to the Church: 1) Baptism, and 2) The Lord's Supper. We believe in Baptism by immersion and Communion open to all believers.

**We believe** also in the laying on of hands for the baptism of the Holy Spirit, for ordination of pastors, elders, and deacons, and for receiving gifts of the Spirit. We believe in the personal, visible return of Christ to earth and the establishment of His Kingdom, in the resurrection of the body, the final judgment.

I/We have read and agree with the above Statement of Faith.

\_\_\_\_\_  
Father (Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother (Guardian)

\_\_\_\_\_  
Date

After acquainting yourself with CCCS's Philosophy's and Statement of Faith, describe your expectations in regard to your child's education.

\_\_\_\_\_  
\_\_\_\_\_

As the Parent(s) or Guardian of the student applicant named herin above, I/We state that we are aware of the Doctrinal Statement, Statement of Faith and Philosophy of Calvary Chapel Christian School and agree that upon acceptance of the herein named student, I/We will pledge ourselves to work with CCCS Staff, administration and Faculty within these statements to the betterment of our student, and to assist and cooperate with the school in the Christian education of my/our child. I understand that the enclosed Application Fee is non-refundable. I further understand and acknowledge that continued enrollment of my/our child, if admitted to CCCS, shall be subject to the payment of all fees and charges set forth on the schedule of fees as periodically amended by CCCS and my/our child's compliance with CCCS's code of conduct and policies periodically established by CCCS.

\_\_\_\_\_  
Father (Guardian)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mother (Guardian)

\_\_\_\_\_  
Date



# Calvary Chapel Christian School Pastoral Reference

7175 West Oquendo Road • Las Vegas, NV 89113

Phone (702) 248-8879 • Fax (702) 220-8694

**To Be Completed by Applicant: This form can be faxed, mailed or hand delivered to the school office.\*\***

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Home Address: \_\_\_\_\_

Street Address

City

State

Zip

Home Phone

Students Applying: \_\_\_\_\_

Name

Grade

Name

Grade

I hereby give my permission to release the reference information below to Calvary Chapel Christian School.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*\* This form can be faxed, mailed or hand delivered to the school office. \*\*\***

## To Be Completed by Pastor:

• How long have you known this family? \_\_\_\_\_

• How well do you know the applicant? \_\_\_\_\_

• Parent's relationship to your church: Member \_\_\_\_ Non-member \_\_\_\_ Active \_\_\_\_ Non-active \_\_\_\_

• Family's attendance at your church: Regular \_\_\_\_ Occasional \_\_\_\_ Seldom \_\_\_\_

Which members of the family are to the best of your knowledge born again Christians?

• Father: Yes \_\_\_\_ No \_\_\_\_ Student's Name \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

• Mother: Yes \_\_\_\_ No \_\_\_\_ Student's Name \_\_\_\_\_ Yes \_\_\_\_ No \_\_\_\_

Which church activities do the applicants participate in? \_\_\_\_\_

Our school believes that in order to become a Christian and inherit eternal life, one must:

1) Realize he is a sinner (Romans 3:10, 23)

2) Believe that Jesus died for his sins (John 3:16; Romans 10:9,10)

3) Ask Jesus Christ to come into his life and take away his sins (John 1:12).

Do you believe these steps are necessary for salvation? Yes \_\_\_\_ No \_\_\_\_

Do you believe there is anything additional which a person must do in order to receive salvation? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

Do the applicants have any problems of which we should also be aware? Yes \_\_\_\_ No \_\_\_\_

If yes, please explain \_\_\_\_\_

Please provide your general recommendation as to the applicants' qualifications for admission to CCCS.

Highly Recommend \_\_\_\_ Recommend \_\_\_\_ Hesitate to Recommend \_\_\_\_ Do Not Recommend \_\_\_\_

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Position \_\_\_\_\_

Church Name \_\_\_\_\_ Church Phone \_\_\_\_\_

Church Address \_\_\_\_\_

Street Address

City

State

Zip