

** For Office Use**
Date Recvd:
Grade: PK3/4    PK4/5
School Year:
App Fee:
Enrollment Fee:

**PRESCHOOL STUDENT APPLICATION**  
 7175 W. Oquendo Road \* Las Vegas, NV 89113  
 Phone: 702.248.8879 x 336 \* Fax: 702.220.8694  
<http://www.CalvaryIsFamily.org>

Student's Name: \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Members of Calvary Chapel Las Vegas and those with siblings currently enrolled in Calvary Chapel Christian School will receive enrollment priority.

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

We actively attend and support Calvary Chapel Las Vegas or another church listed below:

\_\_\_\_ Calvary Chapel Las Vegas    \_\_\_\_ Other Church (Please Specify) \_\_\_\_\_

**PROGRAM INFORMATION AND TUITION RATES:**

Application Fee: \$50.00 (assessed at enrolment)

Registration Fee: \$225.00 (assessed annually)

3-year-old program: students must be 3 years and potty trained at time enrolment.

4-year-old program: students must be 4 years old and potty trained by September 30, 2021.

School Hours:	7:30am – 5:00pm
Full Day Curriculum:	8:00am – 3:30pm
Half Day Curriculum:	8:00am – 11:30am

<b>Full Day Program 7:30am to 5:00pm</b>	
____ 5 Full Days \$7,250 annual tuition (\$725 monthly payment)	Mon - Fri
____ 3 Full Days \$4,650 annual tuition (\$465 monthly payment)	Mon, Wed, Fri
____ 2 Full Days \$3,150 annual tuition (\$315 monthly payment)	Tue, Thurs

<b>Half Day Program 7:30am to 11:30am</b>	
____ 5 Half Days \$4,950 annual tuition (\$495 monthly payment)	Mon - Fri
____ 3 Half Days \$2,950 annual tuition (\$295 monthly payment)	Mon, Wed, Fri
____ 2 Half Days \$2,150 annual tuition (\$215 monthly payment)	Tue, Thurs

**The annual registration and one-time application fees are non-refundable. For your convenience the yearly tuition is divided into 10 monthly payments (Aug-May). Please note there are no refunds or tuition reductions for absences, holidays, winter break, spring break or any temporary reductions in days or hours of attendance. I understand that acceptance and/or enrollment in the Preschool program does not constitute acceptance into Calvary Chapel Christian School.**

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

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

**STUDENT INFORMATION:**

Student's Name \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(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 \_\_\_\_\_  
Number 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 State Zip Code

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

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 presently taking any medication?  Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION and EMERGENCY MEDICAL CONTACTS**

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

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

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

Describe any illness, diseases or physical disabilities that 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 \$50.00 fee is due upon submission of this application. Enrollment fees are due upon acceptance. I understand that **ALL FEES ARE NON-REFUNDABLE**.

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

\_\_\_\_\_  
Mother's/Guardian's 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:

- Birth Certificate
- Immunization Records
- Enrollment Fee \$225.00
- Health Statement signed by a physician

The following is required at time of enrollment:

- Parent Testimony
- Signed Statement of Faith
- \$50 non-refundable application fee
- 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 February, 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 CCLV's Philosophy 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 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 CCLV 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 CCLV, shall be subject to the payment of all fees and charges set forth on the schedule of fees as periodically amended by CCLV and my/our child's compliance with CCLV's code of conduct and policies periodically established by CCLV.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**Statement of Faith**

Parents, please include a brief testimony of your salvation and relationship with the Lord. This must accompany the enrollment application.

Father/Guardian:

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Mother/Guardian:

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\_\_\_\_\_  
Father/Guardian Signature

\_\_\_\_\_  
Mother/Guardian Signature