



A MINISTRY OF BETHANY CHURCH

763 North Sunset Avenue ♦ West Covina CA 91790
(626) 962-7089 ♦ (626) 962-1589 Fax



Select Payment Choice:

EFT 1st 15th

Pay in Full Two Payments

Payment Plan (\$10 Fee ea. month)

STUDENT APPLICATION FOR PRESCHOOL

Applying for: (Please check) Full Day School Day Half Day 5 days M-F 3 days M-W-F 2 days T-Th

Registration Fee: \$100.00 Date _____ cash check # _____

Curriculum/Class/Resource Fee: \$100.00 Date _____ cash check # _____

(Please make out separate checks for the above fees payable to WCCS)

Registration Packet Received: Date _____

PLEASE COMPLETE EVERY SECTION. PLEASE PRINT OR TYPE IN BLACK INK.

Student's Name _____ Age _____

Address _____ Phone _____

City _____ State _____ Zip _____ Sex M F

Date of Birth _____ Place of Birth _____

Primary Language _____

Does your child have allergies or any medical condition? If yes, please notify the school during the time of enrollment.

This child lives with: (circle one) Mother & Father Foster Parents Mother Only Grandparents Father Only Other: _____

If parents are divorced/separated, who has legal custody of the child? _____ *If yes, custody papers are required upon submission of the Registration Packet. Can other parent have contact with child? Yes No Pick up the child? Yes No

Father/Guardian Name _____ Cell Phone _____

Employer _____

Address _____ City _____ State _____ Zip _____

Business Phone _____ Hours _____ to _____

Mother/Guardian Name _____ Cell Phone _____

Employer _____

Address _____ City _____ State _____ Zip _____

Business Phone _____ Hours _____ to _____

List all children, and others, living in your home.

| Name | Age | Son/Daughter/Other | Currently Enrolled at WCCS, if no, where? |
|-------|-------|--|--|
| _____ | _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| _____ | _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |
| _____ | _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> Yes <input type="checkbox"/> No _____ |

Preschool last Attended _____ Teacher _____

Address _____ City _____ State _____ Zip _____

Phone _____

I learned about WCCS Preschool through: _____ a friend (who? _____) _____ driving by, _____ at work, _____ yellow pages, _____ neighbors, _____ a mailer, _____ other (explain) _____

State briefly why you want your child to attend WCCS Preschool. _____

Church student attends _____ Denomination _____

How frequently? Weekly Monthly On Special Occasions

Please give a statement of your (the parent) personal relationship to Jesus Christ. _____

I hereby make application for the admission of my son/daughter to WCCS Preschool. If my child is accepted into WCCS Preschool, I agree to pay my financial obligations and to support the standards of the school. I understand that registration fees are non-refundable and non-transferable.

BOTH SIGNATURES REQUIRED

Father/Guardian Signature _____ Date _____

Mother/Guardian Signature _____ Date _____

West Covina Christian School Preschool is a ministry of Bethany Church. The school has a non-discrimination policy. West Covina Christian School Preschool shall make no distinction in its admission or educational services on the grounds of race or ethnic origin.