

Pre-School Application

Walnut Street Christian School

Mail: PO Box 616, Avis, PA 17721

Location: 201 W. Highland Street~Avis, PA 17721

(570) 753-3400

To Be Completed By School: **Starting Date** _____
Health Records: _____ Date of Application: _____ Interview: _____ Registration Paid: _____

Please complete front and back of application

Students Full Name: _____ Age: _____ **Boy/ Girl** (Please circle one) Date of birth: _____

Soc. Security # _____ Mailing Address: _____
(Street) (Town) (Zip)

Home Phone: _____ Work Phone: _____ (Father) Work Phone: _____ (Mother)

Cell Phones: (if any) Mother's _____ Father's _____ First Emergency Phone Number: _____
(First Call in case of Emergency)

Name of Father: _____ Name of Mother: _____

Are Parents Separated? Yes _____ No _____ If so, who has custody? _____

Family Email Address: _____
(If any)

Place of Employment: _____ Title _____
(Father)

Place of Employment: _____ Title _____
(Mother)

Three Day Scholar Pre-school
(Monday, Wednesday and Friday)

Part Day Scholar Pre-School (9:00 AM-12:00PM) _____
Full Day Scholar Pre-School (8:00 AM-3:00PM) _____

(Please be sure to get a school calendar which shows holidays and days off.)

Please list all persons who are authorized by you to pick up your child:

1. _____ Relationship: _____
2. _____ Relationship: _____
3. _____ Relationship: _____

If you are using the full day program, please fill in the arrival and pick-up times for your child:

Arrival time: _____ Pick up time: _____

Were you referred by a current Walnut Street Christian School parent? Yes _____ No _____
If so, what is their name? _____

If not, how did you hear about our school? _____

(Don't forget to fill out the other side.)

Grandparents' Information

(This information is used to invite grandparents to Grandparents' Day and to send them school newsletters. Please be sure addresses are accurate.)

Maternal Grandparents (Mother's parents):

Grandmother's Full Name and Address:

Name: _____ Address: _____
Street Town State Zip

Phone Number: _____

Grandfather's Full Name and Address: (You may write same for address if they reside at the same address)

Name: _____ Address: _____
Street Town State Zip

Phone Number: _____

Paternal (Father's parents):

Grandmother's Full Name and Address:

Name: _____ Address: _____
Street Town State Zip

Phone Number: _____

Grandfather's Full Name and Address: (You may write same for address if they reside at the same address)

Name: _____ Address: _____
Street Town State Zip

Phone Number: _____

Please list name and address of great-grandparents or substitute grandparents that you would like to have invited to Grandparents' Day and would like to receive the school newsletter.

Name _____ Address (Street, Town, State, and zip) _____ Phone Number _____

Name _____ Address (Street, Town, State, and Zip) _____ Phone Number _____

Other Children under 18 and living at home:

Name _____ Birthdate _____ School Attending _____

Name _____ Birthdate _____ School Attending _____

Name _____ Birthdate _____ School Attending _____

Church Information: (Required) If you do not attend a church, please put "none".

Name of your church: _____ Mailing Address: _____

Name of Pastor: _____

Parent or Guardian's Pledge of Acceptance
We have investigated and do agree with the curriculum, statement of faith, methods, standards and discipline of the Walnut Street Christian School. Date of application: _____

Signature of Father: _____ Signature of Mother: _____

Both parents/Guardians must sign application. Thank you.