



APPLICATION FOR PRESCHOOL 4 ADMISSION

STATEMENT: This application does not ensure final enrollment but provides information upon which a decision will be based. A registration fee must accompany this application. This fee is only refundable in the event the applicant is not accepted for admission. Fox Valley Christian Academy admits students of any race, color, and national or ethnic origin.

STUDENT INFORMATION

Full Legal Name _____
(Last) (First) (Middle)

Male _____ Female _____ Date of Birth _____ Primary language spoken at home _____

Place of birth _____
(City) (State) (Country)

Please attach a copy of the student's birth certificate to this application.

Home address _____
(Street) (City) (Zip)

Home telephone number _____ School district student resides in _____

Student attends church: _____ Regularly _____ Occasionally _____ Seldom

Name of present church _____

What is the student's belief about Jesus Christ? _____

FAMILY INFORMATION

FATHER

Full Name Mr./Dr./Rev./Other _____
(Circle one)

Home Address _____
(If different from student) (Street) (City) (State) (Zip)

Place of Employment _____ Position _____

Business Telephone Number _____ Ext. _____ Cell Phone _____

Home Email _____ Work Email _____

Father attends church: _____ Regularly _____ Occasionally _____ Seldom

Name of present church _____

What is the father's belief about Jesus Christ? _____

How did the father become a Christian? _____

MOTHER

Full Name Mrs./Dr./Rev./Other _____
(Circle one)

Home Address _____
(If different from student) (Street) (City) (State) (Zip)

Place of Employment _____ Position _____

Business Telephone Number _____ Ext. _____ Cell Phone _____

Home Email _____ Work Email _____

Mother attends church: _____ Regularly _____ Occasionally _____ Seldom

Name of present church _____

What is the mother's belief about Jesus Christ? _____

How did the mother become a Christian? _____

MARITAL STATUS OF PARENTS

_____ Married _____ Widowed _____ Single _____ Separated _____ Divorced

Is the student living with both parents?

_____ Yes _____ No

If no, please explain. _____

LEGAL GUARDIAN (If different from parents)

Full Name Mr./Mrs./Dr./Rev./Other _____
(Circle one)

Home Address _____
(If different from student) (Street) (City) (State) (Zip)

Place of Employment _____ Position _____

Business Telephone Number _____ Ext. _____ Cell Phone _____

Home Email _____ Work Email _____

SIBLINGS

<u>Name</u>	<u>Birthdate</u>	<u>School Attending</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please explain any unusual factors in the student's home life that will help us have a better understanding of this student.

EMERGENCY CARE

Please list an emergency contact in the event parents or guardian cannot be reached.

(Last Name) (First Name) (Address) (Telephone)

Physician

(Last Name) (First Name) (Address) (Telephone)

PRESCHOOL 4 SESSION PREFERENCE

_____ AM Session (MWF; 8:30-11:00 AM)

_____ PM Session (MWF; 12:30-3:00 PM)

TUITION

Indicate preferred payment plan.

- Monthly (September-May)
- Semester
- Annually

BASIS FOR APPLICATION

Please explain why you wish to have your child attend Preschool 4 at Fox Valley Christian Academy.

SIGNATURES

(Father)	(Date)
(Mother)	(Date)
(Guardian)	(Date)

ATTACHMENTS

- Copy of birth certificate
- Developmental Survey
- FVCA Parent Cooperation Agreement
- Registration fee of \$100 (non-refundable, due with application to hold Preschool 4 class spot)