

**APPLICATION FOR PRESCHOOL ADMISSION (2008/2009)**

City Christian Schools  
9200 NE Fremont St., Portland, OR 97220  
(503) 252-5207 FAX: (503) 257-2221

Office Use:  
Date Rec'd: \_\_\_\_\_  
Fee Paid: \_\_\_\_\_

**Children must be potty trained and be 3 or 4 years old no later than September 1<sup>st</sup>.**

Applying For:

- 2 Days  Half Day Program (8:15a.m.-11:30a.m.)
- 3 Days  Full Day Program (8:15a.m.-3:00p.m.)
- 5 Days  Extended Care (3:00p.m.-6:00p.m.)

Child's Name \_\_\_\_\_ Date: \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone (\_\_\_\_) \_\_\_\_\_ Family Email Address \_\_\_\_\_

Birth Date \_\_\_\_\_ M\_\_ or F\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

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

Employer's Name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Lives with student: Yes  No  Cell phone (\_\_\_\_) \_\_\_\_\_

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

Employer's Name \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Lives with student: Yes  No  Cell phone (\_\_\_\_) \_\_\_\_\_

Marital Status:  Married  Divorced  Separated  Single Parent  Widow  Widower

Home Church (if any) \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Any unusual factor in the child's life: Absence of father or mother, unusual accidents or serious illness, physical handicap, behavior problems, etc:

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\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

**Enrollment Fees (Non-Refundable):**

Registration: \$50

Supplies: \$100

Curriculum: \$20

Extended Care: \$50

**Tuition Schedule**

	<b>2 DAYS</b>	<b>3 DAYS</b>	<b>5 DAYS</b>
Half Day (8:15-11:30)	\$1,100 (\$110/mo.)	\$1,500 (\$150/mo.)	\$2,500 (\$250/mo.)
Full Day (8:15-3:00)	\$1,400 (\$140/mo.)	\$2,100 (\$210/mo.)	\$3,500 (\$350/mo.)
Extended Care (3:00-6:00)	\$700 (\$70/mo.)	\$1,050 (\$105/mo.)	\$1,500 (\$150/mo.)

A monthly payment plan is available: One month's tuition is due at Registration Day and the remaining balance will be divided into nine or ten equal payments, beginning in October.

Please mark an "X" for the days your student will be in attendance:

	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>
<b>Half Day</b>					
<b>Full Day</b>					
<b>Extended Care</b>					

STUDENTS MUST BE PICKED UP ON TIME.

Student Departure Times:Half Day: 11:30a.m., *no later than* 11:45a.m.Full Day: 3:00p.m., *no later than* 3:15 p.m.After School: 5:45 p.m., *no later than* 6:00 p.m.

**A FEE OF \$3 PER MINUTE WILL BE CHARGED TO YOUR ACCOUNT FOR LATE STUDENT DEPARTURE.**