

2012-2013 Enrollment Application

Student Information

Student's Full Legal Name (Last) (First) (Middle Initial)

Date of Birth Gender Primary Language Is this child a United States citizen? Yes No

Mailing Address City State Zip Home Phone

Entering: PreSchool Yes No OR Grade _____ If Kindergarten, preference AM or PM

Ethnicity (optional): Alaskan/Native American Asian/Pacific Islander African American Hispanic Caucasian (White) Other

Parent Information

With whom does this student live? Please check all that apply.

Both Parents Mother Only Father Only Joint Custody Mother & Step Father Father & Step Mother Grandparents Other _____

Father or Legal Male Guardian student LIVES with:

Name Email Address

Mailing Address City State Zip

Home Phone Cell Phone Work Phone

Occupation Work Address CHCC or CHC Staff? Yes No

Mother or Legal Female Guardian student LIVES with:

Name Email Address

Mailing Address City State Zip

Home Phone Cell Phone Work Phone

Occupation Work Address CHCC or CHC Staff? Yes No

Complete the information below for the parent NOT living with this student:

Name Relationship to Student CHCC or CHC Staff? Yes No

Mailing Address City State Zip

Home Phone Cell Phone Email Address

May we....

Provide correspondence via email? Yes No

Add this parent as an Emergency Contact? Yes No

Provide this parent with RenWeb access? Yes No

Emergency Contacts If Parents Cannot Be Reached (must be 18 yrs or older):

Name	Relation to Student	Address	Daytime Phone	OK to Pick UP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name	Relation to Student	Address	Daytime Phone	OK to Pick UP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Name	Relation to Student	Address	Daytime Phone	OK to Pick UP? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Medical Contact Information

Student's Physician	Practice Name	Phone
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Physician's Address	City	State	Zip
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Student's Dentist	Practice Name	Phone
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Dentist's Address	City	State	Zip
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Hospital	Phone
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Hospital Address	City	State	Zip
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How did you hear about CHC?

Church Bulletin
 Postcard
 Web
 Relocation Guide
 Phone Book
 Movie Theater Ad

Referred by: _____
 Other: _____

Church Information

Name of Church you attend	Are you a Member? <input type="checkbox"/> Yes <input type="checkbox"/> No	Member Date
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Family Faith Statement

In the space below, please share briefly what you and your family believe about Jesus Christ. (Continue on separate sheet if necessary.)



3900 Grace Boulevard
Highlands Ranch, Colorado 80126-7801

PHONE 303.791.5500
ENROLLMENT FAX 303.325.8132
WEB www.CherryHillsChristian.org
 Enrollment Application | Page 2 of 2

OFFICE USE ONLY				
<input type="checkbox"/> Student Info Sheet	<input type="checkbox"/> Parent Input for K			
<input type="checkbox"/> Medical Release	<input type="checkbox"/> Family Photo	<input type="checkbox"/> Student Appraisal	<input type="checkbox"/> Report Card	<input type="checkbox"/> Transcript Release
<input type="checkbox"/> Questionnaire	<input type="checkbox"/> App. Fee	<input type="checkbox"/> Eval. Fee	<input type="checkbox"/> Coupon	<input type="checkbox"/> PS Enroll Request