



# CALVARY MURRIETA CHRISTIAN PRESCHOOL

24275 Monroe Avenue ▪ Murrieta, CA 92562  
Phone 951.834.9190 ▪ Fax 951.698.4896  
www.cmcsweb.com ▪ Facility #334820509

## Personal Information

Date of Application \_\_\_\_\_

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Male  Female  Home Phone: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

E-Mail Address \_\_\_\_\_

## Class/Schedule Preference

Please indicate the session(s) you would like your child to attend:  Summer  Fall  Spring Year \_\_\_\_\_

Please indicate the schedule you prefer your child to attend:

### Half-Day Options (8:30am -12:00pm with 1 snack)

\_\_\_\_\_ Tu/Th \$70/week

\_\_\_\_\_ M W F \$93/week

\_\_\_\_\_ M-F \$140/week

### Full-Day Options (any hours between 6:30am & 6:00pm with 2 snacks)

\_\_\_\_\_ Tu/Th \$93/week

\_\_\_\_\_ M W F \$126/week

\_\_\_\_\_ M-F \$173/week

For full time students, what will be the general hours your child will be attending? \_\_\_\_\_

I understand at the time of enrollment I am responsible to pay the following non-refundable fees:

**Registration Fee: Fall \$85 / Summer \$25      Materials Fee: Fall \$50      Emergency Kit: \$15**

I acknowledge that I am responsible for paying the tuition fees in accordance with Calvary Murrieta Christian Preschool's Enrollment and Financial Policy Agreement.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

### To be completed by school office

Date Application Received: \_\_\_\_\_

#### Method of Payment

Date Registration Fee Paid/Amount \_\_\_\_\_ \$ \_\_\_\_\_

Cash Check (#: \_\_\_\_\_) Received by \_\_\_\_\_

Date Materials Fee Paid/Amount \_\_\_\_\_ \$ \_\_\_\_\_

Cash Check (#: \_\_\_\_\_) Received by \_\_\_\_\_

Date Emergency Fee Paid/Amount \_\_\_\_\_ \$ \_\_\_\_\_

Cash Check (#: \_\_\_\_\_) Received by \_\_\_\_\_

## Home Life

### FATHER/LEGAL GUARDIAN INFORMATION

Father's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's e-mail \_\_\_\_\_

### MOTHER/LEGAL GUARDIAN INFORMATION

Mother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's e-mail \_\_\_\_\_

Status of Parents:     Married             Separated             Divorced             Father Remarried  
                           Mother Remarried    Father Deceased     Mother Deceased    Other \_\_\_\_\_

Please check to whom all correspondence and notices are to be sent:

Father     Mother     Both     Guardians     Grandparents     Other \_\_\_\_\_

Sisters and brothers (names & ages)

\_\_\_\_\_  
\_\_\_\_\_

List other children in your family who have attended Calvary Murrieta Christian Schools.

Name \_\_\_\_\_ Grade \_\_\_\_\_ Year(s) Attended \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Year(s) Attended \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Year(s) Attended \_\_\_\_\_

## Home Life

### Blended Family Information Not Applicable

Stepfather's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Stepmother's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

With whom does your child live during the school year? (check all that apply)

Father  Mother  Stepfather  Stepmother  Other (Specify) \_\_\_\_\_

Are there any special circumstances of which we should be aware?  Yes  No

If yes, please explain: \_\_\_\_\_

If applicable, please answer the following question:

Do you share joint custody of your child:  Yes  No

Please explain visitation and custody arrangements: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any restraining orders of which we should be aware?  Yes  No

***In order to provide protection for your child, we will need a copy of the court documents for your child's file.***

If necessary, please explain (custody matters): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Demographic Information

Required for future accreditation and grant requests

Ethnicity of Student:

White  Hispanic  Asian  African-American  Native-American  Other \_\_\_\_\_

Ethnicity of Parents:

**Father**  White  Hispanic  Asian  African-American  Native-American  Other \_\_\_\_\_

**Mother**  White  Hispanic  Asian  African-American  Native-American  Other \_\_\_\_\_

Citizenship Status:  US Citizen  Other/Specify \_\_\_\_\_

Student's Native Language:  English  Other/Specify \_\_\_\_\_

## Educational Data

Has your child attended preschool or family childcare before?  Yes  No Dates Attended \_\_\_\_\_

If yes, please list the name, address and phone number of the location:

Family Provider/Previous Preschool: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

How did you learn about Calvary Murrieta Christian Preschool?  Freeway Banner  Friend/Word of Mouth

Newspaper Ad  Brochure  Internet  Church Bulletin  Other (Specify) \_\_\_\_\_

Why do you want your child to attend this preschool?

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What are the primary areas in which you hope to see your child develop while attending Calvary Murrieta Christian Preschool?

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**Church Life** *(if applicable)*

Church Family Attends \_\_\_\_\_ Pastor's Name \_\_\_\_\_

Family's Attendance             Regular             Occasional             Seldom  
(3-4 times a month)      (at least 1 time a month)      (less than 1 time a month)

Which members of the family are born-again Christians?

Father           Yes           No      Child: Name \_\_\_\_\_             Yes           No  
Mother          Yes           No      Child: Name \_\_\_\_\_             Yes           No

Please give a statement of your Christian faith: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational Commitment**

Calvary Murrieta Preschool is a Christ-centered school with Christian educational goals and objectives. We intend to encourage and enable students to receive all that God has for them spiritually, academically, physically, and socially. We recognize this to be the primary responsibility of parents, and for this reason, we believe the close cooperation of school and family is essential. We rely seriously upon the fact that your signature below affirms your support of our goals and purposes as a Christian school as they relate to the instruction of your child.

Signature of Parents \_\_\_\_\_ Date \_\_\_\_\_

**Special Note**

*Please be aware that to continue your child's enrollment in our elementary and secondary schools, at least one parent must be a born-again follower of Jesus Christ and regularly attend a protestant church. All families enrolling in our elementary school, junior high and high school must complete a pastor's reference form annually. If you do not have a home church, we would be happy to assist you with referrals and contact information for local protestant churches.*



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CHRISTIAN PRESCHOOL