



## Penridge Christian Academy ENROLLMENT APPLICATION

CHILD'S NAME: \_\_\_\_\_  
DOB: \_\_\_\_\_  
PRIMARY ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
ZIP CODE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

PHONE at WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

PHONE at WORK: \_\_\_\_\_ HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

SIBLINGS: NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

### SCHEDULE REQUESTED

\_\_\_\_\_ Full Day  
(Drop off after [TIME], Pick up Before [TIME])

\_\_\_\_\_ Part Day  
(Drop off after [TIME], Pick up at [TIME])

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

Estimated Drop Off Time: \_\_\_\_\_

Estimated Pick Up Time: \_\_\_\_\_

I would like my child to begin: \_\_\_\_\_

Are you eligible for Child Care Subsidy? Yes or NO

If yes, Case Worker: \_\_\_\_\_ Case Number: \_\_\_\_\_

**Please return this completed application along with the non-refundable \$50.00 Registration Fee. Checks should be made out to Penridge Christian Academy. You will be contacted by Susan Allebach to confirm Enrollment. At the time Enrollment is offered, you will be asked to sign a Contract for Services/Fee Agreement detailing your child's enrollment, tuition, and security deposit information. Your child's enrollment in the program will not be confirmed until the Fee Agreement is signed and all deposits are paid.**

#### OFFICE USE ONLY:

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

#### ENROLLMENT:

Classroom: \_\_\_\_\_ Teacher: \_\_\_\_\_

Days: \_\_\_\_\_ FULL TIME PART TIME

Registration Fee Paid: \_\_\_\_\_ Check # \_\_\_\_\_ Last Week Escrow Paid: \_\_\_\_\_ Check # \_\_\_\_\_