

Birth Certificate _____
Immunization Record _____
Registration Fee _____

CHILDREN FIRST SCHOOL

**301 North Seventh Street
St. Joseph, Missouri 64501
816-232-0553**

ENROLLMENT APPLICATION

(An enrollment application must be filled out for **each** child.)

A copy of your child's birth certificate, a copy of his/her immunization record, and the registration fee of \$50.00 must accompany this enrollment form. Receipt of this application does not guarantee acceptance.

Student's Name: _____ Student's Birth date _____

Parent/Guardian Names(s): _____

Home Address _____ Phone _____

City _____ State _____ Zip _____

Employer (Mother) _____ Employer (Father) _____

Address _____ Address _____

Phone _____ Phone _____

Cell phone (Mother) _____ Cell phone (Father) _____

Social Security # _____ Social Security # _____

E-Mail Address _____

Name and Phone Number of person to be contacted if parents can not be reached _____

Will you have more than one child attending this year? _____

Please list other children _____

Previous school attended _____

Previous school's address _____ Phone _____

I/we understand that if our student is accepted to Children First School that there will be additional fees due prior to the beginning of classes. All fees and financial terms are stated in the Financial Agreement and Financial Guidelines; the Financial Agreement is required to be signed prior to enrollment.

Select the grade your child will be entering for the 2011-2012 school year:

Pre-3 Half Days 3 days ___ or 5 days ___ Kindergarten ___

Pre-3 Full Days 3 days ___ or 5 days ___ Grade 1 ___ Grade 4 ___

Pre-K Half Days 3 days ___ or 5 days ___ Grade 2 ___ Grade 5 ___

Pre-K Full Days 3 days ___ or 5 days ___ Grade 3 ___ Grade 6 ___

Parent/Guardian
Signature _____ Date _____

Parent/Guardian
Signature _____ Date _____