



CALVARY CHAPEL

CHRISTIAN PRESCHOOL

<p align="center">** For Office Use**</p> <p>Date Recvd: Grade: PK3/4 PK4/5 School Year: App Fee: Enrollment Fee:</p>
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PRESCHOOL STUDENT APPLICATION

7175 W. Oquendo Road * Las Vegas, NV 89113
Phone: 702.248.8879 x 336 * Fax: 702.220.8694
<http://www.AwakenLions.org>

Student's Name: _____ Birth Date ____/____/____

Members of Awaken Las Vegas and those with siblings currently enrolled in Awaken Christian Academy will receive enrollment priority.

Do you currently have a student enrolled at ACA? Yes ____ No ____ If yes, please list names and grades:

We actively attend and support Awaken Las Vegas or another church listed below:

____ Awaken Las Vegas ____ Other Church (Please Specify) _____

PROGRAM INFORMATION AND TUITION RATES:

Application Fee: \$50.00 (assessed at enrolment)

Registration Fee: \$225.00 (assessed annually)

3-year-old program: students must be 3 years and potty trained at time enrolment.

4-year-old program: students must be 4 years old and potty trained by September 30, 2023.

School Hours:	7:30am – 5:00pm
Full Day Curriculum:	8:00am – 3:00pm
Half Day Curriculum:	8:00am – 11:30am

Full Day Program 7:30am to 5:00pm	
____ 5 Full Days \$7,550 annual tuition (\$755 monthly payment)	Mon - Fri
____ 3 Full Days \$4,950 annual tuition (\$495 monthly payment)	Mon, Wed, Fri
____ 2 Full Days \$3,350 annual tuition (\$335 monthly payment)	Tue, Thur

Half Day Program 7:30am to 11:30am	
____ 5 Half Days \$5,150 annual tuition (\$515 monthly payment)	Mon - Fri
____ 3 Half Days \$3,150 annual tuition (\$315 monthly payment)	Mon, Wed, Fri
____ 2 Half Days \$2,250 annual tuition (\$225 monthly payment)	Tue, Thur

The annual registration and one-time application fees are non-refundable. For your convenience, the yearly tuition is divided into 10 monthly payments (Aug-May). Please note there are no refunds or tuition reductions for absences, holidays, winter break, spring break, or any temporary reductions in days or hours of attendance. I understand that acceptance and/or enrollment in the Preschool program does not constitute acceptance into Awaken Christian Academy.

Father's/Guardian's Signature

Date

Mother's/Guardian's Signature

Date

STUDENT INFORMATION:

Student's Name _____ / _____ / _____
(Last) (First) (MI)

Gender _____ Birth Date _____ / _____ / _____ Age _____

Parents Are:

Married _____ Divorced _____ If divorced, which parent has primary physical custody? _____

Joint Custody? Yes _____ No _____ If no, parent with legal custody: _____

A copy of the Custody Agreement is required upon acceptance.

FATHER/Guardian Information:

Father's Name _____ / _____
(Last) (First)

Home Address _____
Number Street City State Zip Code

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address (please print clearly) _____

Employer _____ Occupation _____

MOTHER/Guardian Information

Mother's Name _____ / _____
(Last) (First)

Home Address _____
Number Street City State Zip Code

Home Phone _____ Cell Phone _____ Work Phone _____

E-mail Address (please print clearly) _____

Employer _____ Occupation _____

NON-DISCRIMINATORY POLICY

CCPS and ACA admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of race, color, national or ethnic origin in administration of its education policies, admissions policies, scholarship and loan programs, athletic and other school-administered programs.

The two factors most influencing us to apply to CCPS (Please select only two)

- Location Reputation Christian Philosophy
- Displeasure with Local Schools Recommendations from Awaken Families

Describe your expectations in regard to your child's education.

Previous schools attended: Address is necessary to request student records.

Name: _____ Address: _____ City _____
State: _____ Zip Code: _____ Phone Number: _____

Has your child ever been suspended from any school or asked to leave? Yes No If Yes, please explain:

I/We hereby authorize CCPS to obtain all information and files from all previous schools. Yes No

Has the applicant received special help for a learning difficulty or been tested for such? Yes No If yes, please provide documentation with this application.

Has the applicant been diagnosed with ADD, ADHD, or a learning disability? Yes No
If yes, please provide documentation with this application.

Is the applicant presently taking any medication? Yes No If yes, please explain _____

MEDICAL INFORMATION and EMERGENCY MEDICAL CONTACTS

Primary Physician Name _____ Phone _____

Primary Medical Insurance Company _____ Policy # _____

Known Allergies _____ Special Medical Conditions _____

Describe any illness, diseases, or physical disabilities that have affected or may affect your child's general health, or participation in the school's programs. Are there currently any behavioral, psychological, or educational evaluations, treatments, or interventions?

Describe your child. Include your parental perspective on your child, your child's strengths and abilities, special areas of interest as well as areas of concern, and his/her relationship with God. We appreciate your assistance in helping us to know your child better. Use a separate sheet if necessary.

PICK UP INFORMATION

Please list the names of individuals, other than parents/guardians, who have permission to pick up this student.

Name	Relationship	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Emergency contacts, other than parents:

1. _____ Phone: _____ Cell: _____

2. _____ Phone: _____ Cell: _____

Media Consent: I grant permission to Calvary Chapel Christian Preschool/Awaken Christian Academy and its staff to photograph and videotape me/my child(ren) and to copyright, use and/or publish the photographs/videos and audiotapes in any school publications and public relations material, including the website.

I agree to abide by the standards set forth in the student handbook and those decisions made by the administration of Calvary Chapel Christian Preschool.

I have answered the above questions in truth and to the best of my ability. I hereby certify that the facts contained in this enrollment application are true and complete to the best of my knowledge.

A \$50.00 fee is due upon submission of this application. Enrollment fees are due upon acceptance.

I understand that **ALL FEES ARE NON-REFUNDABLE.**

Father's/Guardian's Signature Date

Mother's/Guardian's Signature Date

Permission To Release Information

I understand that during the time my child, _____ is in the facility, the director may be asked for information regarding my child.

_____ I hereby give permission to release information to official persons only, who identify themselves, such as schools, health care personnel, welfare, or other governmental officials.

_____ I do not give permission to release information about my child as set forth in the aforementioned statement. I understand that the State of Nevada Child Care Licensing Unit has access to my child's record as the licensing agent and may view the record upon facility inspection.

Signature of Parent/ Guardian

Date

I, _____, am aware that I have the right to request and view any complaints the facility has received for the month my child(ren) enrolled in and the previous 12 months.

Signature of Parent/ Guardian

Date

The following **must** accompany this application:

- Birth Certificate
- Immunization Records
- Enrollment Fee \$225.00
- Health Statement signed by a physician

The following is required at the time of enrollment:

- Parent Testimony
- Signed Statement of Faith
- \$50 non-refundable application fee
- Copy of most current Custody Agreement, if applicable

Applications and fees are only held for the school year being applied for. Applications and fees must be resubmitted for each school year.

Consideration for acceptance for the fall school year begins each February. Applications that do not have the above-mentioned documents attached will be considered incomplete and will not be processed.

****Submission of an application does not constitute approval of admission****

Calvary Chapel Christian School's Statement of Faith

We believe there is one living and true GOD, eternally existing in three persons: the Father, the Son, and the Holy spirit, equal in power and glory; that this triune God created all, upholds all, and governs all.

We believe that the Scriptures of the Old and New Testaments are the Word of God, fully inspired without error in the original manuscripts, and the infallible rule of faith and practice.

We believe in God the Father, an infinite, personal Spirit perfect in holiness, wisdom, power and love; that He concerns Himself mercifully in the affairs of men; that He hears and answers prayer; and that He saves from sin and death all who come to Him through Jesus Christ.

We believe in Jesus Christ, God's only begotten Son, conceived by the Holy Spirit. We believe in His virgin birth, sinless life, miracles and teachings; His substitutionary atoning death, bodily resurrection, ascension into heaven, perpetual intercession for His people and personal, visible return to earth.

We believe in the Holy Spirit, who came forth from the Father and Son to convict the world of sin, righteousness, and judgment, and to regenerate, sanctify and empower for ministry all who believe in Christ; we believe the Holy Spirit indwells every believer in Jesus Christ and that HE is an abiding Helper, Teacher, and Guide. We believe in the present ministry of the Holy Spirit and in the exercise of all the biblical gifts of the Spirit.

We believe that all people are sinners by nature and choice and, therefore, are under condemnation; that God regenerates by the Holy Spirit, those who repent of their sins and confess Jesus Christ as Lord; that Jesus Christ baptizes the seeking believer with the Holy Spirit in power for service, often subsequent to regeneration.

We believe that the Lord Jesus Christ committed two ordinances to the Church: 1) Baptism, and 2) The Lord's Supper. We believe in Baptism by immersion and Communion open to all believers.

We believe also in the laying on of hands for the baptism of the Holy Spirit, for ordination of pastors, elders, and deacons, and for receiving gifts of the Spirit. We believe in the personal, visible return of Christ to earth and the establishment of His Kingdom, in the resurrection of the body, the final judgment.

We believe that God wonderfully and immutably creates each person as male or female. These two distinct, complementary genders together reflect the image and nature of God. Rejection of one's biological sex is a rejection of the image of God within that person.

We believe that the term "marriage" has only one meaning: the uniting of one man and one woman in a single, exclusive union, as delineated in Scripture.

We believe that God intends sexual intimacy to occur only between a man and a woman who are married to each other.

I/We have read and understand the above Statement of Faith.

Father (Guardian)

Date

Mother (Guardian)

Date

As the Parent(s) or Guardian of the student applicant named above, I/We state that we are aware of the Doctrinal Statement, Statement of Faith, and Philosophy of Calvary Chapel Christian Preschool and agree that upon acceptance of the herein-named student, I/We will pledge ourselves to work with CCPS Staff, administration and Faculty within these statements to the betterment of our student, and to assist and cooperate with the school in the Christian education of my/our child. I understand that the enclosed Application Fee is non-refundable. I further understand and acknowledge that continued enrollment of my/our child, if admitted to CCPS, shall be subject to the payment of all fees and charges set forth on the schedule of fees as periodically amended by CCPS and my/our child's compliance with CCPS's code of conduct and policies periodically established by CCPS.

Father (Guardian)

Date

Mother (Guardian)

Date