



Application for Preschool Enrollment

CHILD'S INFORMATION:

Legal Name: (Last, First, Middle, Nickname) _____

Date of Birth: _____ Current Age: _____ Gender: Male _____ Female _____

Address: _____ City & State: _____ Zip: _____

Primary language spoken: _____ Student is a US Citizen? Yes _____ No _____

Do you have siblings attending Coastal Christian Academy? Yes _____ No _____ Ages: _____, _____ Grades: _____, _____

FAMILY INFORMATION

Parent/Guardian Name: _____ Email: _____

Address: _____ City & State: _____ Zip: _____

Phone: _____ Relationship to Child: _____

Parent/Guardian Name: _____ Email: _____

Address: _____ City & State: _____ Zip: _____

Phone: _____ Relationship to Child: _____

Parent/Guardian Name: _____ Email: _____

Address: _____ City & State: _____ Zip: _____

Phone: _____ Relationship to Child: _____

Parent/Guardian Name: _____ Email: _____

Address: _____ City & State: _____ Zip: _____

Phone: _____ Relationship to Child: _____

Parent/Guardian Marital Status: (please circle) Married Separated Divorced Remarried Single

Child resides with: (please circle) Both Parents Mother Father Stepfather Stepmother Other: _____

In case of divorce or separation, please complete the following:

If there is a restraining order pertinent to the student(s), a copy of legal documents must be submitted before enrollment.

Legal Custody: (please circle) Joint Mother Father Guardian Other: _____

Preschool Notifications should be sent to: Mother Father Guardian Other: _____

Financial Responsibility will be assumed by: _____

Coastal Christian Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at this school. CCA does not discriminate on the basis of race, color, national, or ethnic origin, or any other basis prohibited by federal and state law, in the administration of its policies, educational policies, and any other school-administered programs.

Parent Signature: _____ Date: _____



Preschool Program Selection Form

Child's Name: _____

Age: _____

ATTENDANCE **Please select the correct enrollment options for your child.*

My child is: _____ In Diapers _____ Toilet Trained

My child attends preschool: _____ Half-Day (7am-12pm) _____ Full-Day (7am-6pm)

_____ Monday – Friday _____ Monday/Wednesday/Friday _____ Tuesday/Thursday

PAYMENT OPTIONS **Please indicate your method and schedule of payment.*

Payment method: _____ Personal Check OR _____ ACH Direct Withdrawal

Payment schedule: _____ Monthly Payment on _____ 1st of month **or** _____ 15th of month

_____ Bi-Monthly Payments on 1st **and** 15th of the month

TUITION RATES (Monthly) **Please indicate your monthly tuition rate based on attendance selected above.*

Program	Toilet Trained		In Diapers	
	Half-Days (7am-12pm)	Full-Days (7am-6pm)	Half-Days (7am-12pm)	Full-Days (7am-6pm)
Tues/Thurs	_____ \$303	_____ \$433	_____ \$355	_____ \$485
Mon/Wed/Fri	_____ \$437	_____ \$624	_____ \$515	_____ \$702
Mon – Fri	_____ \$630	_____ \$899	_____ \$760	_____ \$1,029