

**STOCKDALE CHRISTIAN PRESCHOOL  
4901 CALIFORNIA AVENUE  
BAKERSFIELD, CA 93309  
(661) 327-2227  
LICENSE #150401870  
STUDENT APPLICATION OF ENROLLMENT**

**DATE OF APPLICATION \_\_\_\_\_**

Child's Full Name \_\_\_\_\_  
(Last) (First) (Middle)  
Name child should go by and learn to spell in the classroom \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip)

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Desired days for applicant's attendance:  
5 Full \_\_\_\_\_ 5 Half \_\_\_\_\_ 3 Full \_\_\_\_\_ 3 Half \_\_\_\_\_ 2 Full \_\_\_\_\_ 2 Half \_\_\_\_\_

Enrollment needed for: Fall \_\_\_\_\_ Summer \_\_\_\_\_ ASAP \_\_\_\_\_

**Parent/Guardian #1**

Mr./Mrs./Ms/ Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Lives with Student? Yes \_\_\_\_\_ No \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Billing Party Yes \_\_\_\_\_ No \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

**Parent/Guardian #2**

Mr./Mrs./Ms/ Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Lives with Student? Yes \_\_\_\_\_ No \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Billing Party Yes \_\_\_\_\_ No \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Siblings currently attending SCS (List names and grade)\_\_\_\_\_

\_\_\_\_\_

How did you hear about Stockdale Christian Preschool\_\_\_\_\_

\_\_\_\_\_

If your family presently attends church, please give the church name, pastor, and how long you have attended:\_\_\_\_\_

If you attend Bakersfield's First Assembly of God and are a tithing church member. Yes\_\_\_\_\_ No\_\_\_\_\_

#### PERSONAL TESTIMONY

Please give a statement as to your personal experience and faith in Jesus Christ.

Father\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has your child ever been in an early education center before? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, where?\_\_\_\_\_

Does your child have physical conditions/allergies that we should be aware of? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain\_\_\_\_\_

Please list any other information which you feel would be helpful to the Director before your child is admitted:

\_\_\_\_\_

\_\_\_\_\_