

**STOCKDALE CHRISTIAN PRESCHOOL
4901 CALIFORNIA AVENUE
BAKERSFIELD, CA 93309
(661) 327-2227**

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 _____ Email _____

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 _____ Email _____

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:
