



CHRIST CHURCH EPISCOPAL PRESCHOOL

LET YOUR LIGHT SHINE - MATTHEW 5:16

Dear Prospective CCEP Family:

Thank you for your interest in Christ Church Episcopal Preschool. We are excited to provide a nurturing and developmentally appropriate Christian learning environment for your child.

Attached is an application for the 2010-2011 school year. **A \$100.00 application fee is required with all applications. Please make your check payable to Christ Church Episcopal and staple it to your completed application. This fee is refunded if space is not available.**

Please drop off your application to the preschool office located in the Education Building. You will receive an email confirming receipt of your application, if you provide us with your preferred email address on the application.

If your child is offered placement in our preschool, you will receive an information packet that includes a contract. This must be signed and returned, with your non-refundable security deposit, which will be applied toward tuition. Your child is not guaranteed a spot in Christ Church Episcopal Preschool until the security deposit is received.

Thank you for choosing Christ Church Episcopal Preschool. Please contact me if you have any further questions.

Sincerely,

Cheri Erk
Preschool Director

(804) 364-5905
info@christchurchpreschool.com



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2010-2011 Application Form

Thank you for your interest in Christ Church Episcopal Preschool. Please complete this application and return it to the preschool office. A **\$100.00** non-refundable application fee is required. The application fee is refunded if space is not available. **Please staple your check made payable to Christ Church Episcopal to your completed application form.** We will confirm receipt of application via email if you provide your preferred email address below. However, applications will not be accepted by email. **All children must be potty trained.**

Child's Name: _____ Gender: Male / Female

Child's Birth date: _____ Age as of 9/30/10: ___yrs ___ mo.

Sibling applying? Yes / No If yes, name of sibling: _____

Is your child bilingual? Yes / No If yes, language spoken at home: _____

Home Address: _____

Mother's Name: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email Address: _____

Father's Name: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Email Address: _____

Email address for confirmation of receipt of application (if desired): _____

We strive to meet the needs of all children enrolled in CCEP. Does your child have any physical, emotional, or educational needs that the preschool should be aware of? Yes / No. If yes, please explain on back of this sheet.

Are you interested in need-based scholarship opportunities? Yes / No
If Yes, Please explain on back of this sheet.

Church Affiliation or Place of Worship: _____

Please prioritize the classes you are applying for:

- _____ 3-day 3's @ \$2,021.00 Tuition (Meets TWTh) (Age 3 by 12/31/10)
- _____ 4-day 4's @ \$2,469.00 Tuition (Meets MTWTh) (Age 4 by 12/31/10)
- _____ 4-day PreK @ \$2,469.00 Tuition (Meets MTWTh) (Age 4 by 9/30/10)
- _____ 5-day PreK @ \$2,923.00 Tuition (Meets M - F) (Age 4 by 9/30/10)