



CHRIST CHURCH EPISCOPAL PRESCHOOL 2024-2025 APPLICATION FORM

Thank you for your interest in Christ Church Episcopal Preschool (CCEP or Preschool). Please complete this application form and return it, along with the non-refundable \$125 application fee (payable by check to Christ Church Episcopal Preschool), to the Preschool office. **With the exception of the 2-Day Twos class, all preschool students must be fully potty-trained.**

Student's Name: _____ Gender: Male / Female Name of enrolled sibling (if applicable) _____

Student's Birth Date: _____ Age as of 9/30/24: ____ Years ____ Months

1. **Does your child have any physical, emotional, educational, medical or psychological needs or issues that might affect his or her education or care? Yes / No.** If yes, please explain on back of this sheet.

2. **Does your child have any allergies? Yes / No.** If so, please explain on the back of this sheet. Note that CCEP does not administer medication in non-emergency situations.

3. **Does your child take any medication? Yes / No.** If so, please list any medication your child may be using during the school year on the back of this sheet. Note that CCEP does not administer medication in non-emergency situations.

4. **Do you intend to apply for need-based scholarship opportunities? Yes / No.** Note that CCEP need-based scholarship awards require a separate application process, including proof of income and submission of tax records.

5. **Church Affiliation/Place of Worship (if multiple, list all):** _____

6. **Preferred class placement.** Classes typically meet 9:00 am – 12:00 pm. Preferred class placement is not guaranteed; class placement is based on availability and is ultimately made at CCEP's sole discretion. **Please select your preferred class placement for your child below.**

_____ 2-Day Twos	@ \$2,756.00 Tuition/Year	Meets MT or WTh	(Age 2 by 12/31/24)
_____ 3-Day Threes	@ \$3,446.00 Tuition/Year	Meets TWTh	(Age 3 by 12/31/24)
_____ 4-Day Pre-K	@ \$4,158.00 Tuition/Year	Meets MTWTh	(Age 4 by 12/31/24)
_____ 5-Day JK	@ \$5,213.00 Tuition/Year	Meets M – F	(Age 5 by 9/30/24 or attended Pre-K)

Parent/Guardian understands that enrollment of any child at CCEP is a decision of CCEP. Enrollment is based on the compatibility of CCEP and the parents and child. Parent/Guardian understands that with the exception of students in the 2-Day Twos class, all CCEP students must be fully potty-trained. By signing below, Parent/Guardian certifies that all information on this form has been presented completely and accurately. False, incomplete, omitted or misleading information provided on this application or during the application process may jeopardize enrollment.

Office Use only:

Received: _____	Contract Due: _____	Invoice: Electronic / Paper
Paid Fees: _____	Contract Received: _____	Director Initials: _____
Tuition: _____	Placement: _____	Other: _____

Parent #1 Name: _____

Signature: _____

Relationship to Student: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Parent #2 Name: _____

Signature: _____

Relationship to Student: _____

Address: _____

Cell Phone: _____

Work Phone: _____

Email: _____

CCEP 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 the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school administered programs.

Office Use only:

Received: _____	Contract Due: _____	Invoice: Electronic / Paper
Paid Fees: _____	Contract Received: _____	Director Initials: _____
Tuition: _____	Placement: _____	Other: _____