



229 Myers Road ~ Cambridge ~ Ontario ~ N1R 7H3  
 Telephone (519) 623-2261 ~ Fax (519) 623-4042  
 Email office@cambridgechristianschool.com

# Application for Enrolment

## Parent or Guardian Information

Father's Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City Postal Code

Telephone (Home) \_\_\_\_\_ Business \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Residency Status:     Canadian Citizenship     Landed Immigrant    Other \_\_\_\_\_

Mother's Name \_\_\_\_\_  
Last First

Address \_\_\_\_\_  
Street City Postal Code

Telephone (Home) \_\_\_\_\_ Business \_\_\_\_\_

Email Address \_\_\_\_\_

Occupation \_\_\_\_\_

Residency Status:     Canadian Citizenship     Landed Immigrant    Other \_\_\_\_\_

## Student Information

First and Last Name of children to be enrolled	Age	Birth date (M/D/Y)	Grade (to enter)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### Junior and Senior Kindergarten

First and Last Name of children to be enrolled	Age	Birth date (M/D/Y)	
_____	_____	_____	( ) JK or ( ) SK
_____	_____	_____	( ) JK or ( ) SK
_____	_____	_____	( ) JK or ( ) SK

My program choice is (choose one option):

- ( ) 2 days per week -- JK, Tuesday and Thursday, Full Days
- ( ) 3 days per week -- JK or SK - Monday, Wednesday and Friday, Full Days
- ( ) 5 days per week – JK or SK – Monday through Friday, Full Days

**Eagles' Nest Christian Preschool**

Preschool aged Children	Age	Birth date (M/D/Y)
_____	_____	_____
_____	_____	_____

Please check day(s) of the week you would like your child to attend preschool.  
Note: the mornings that preschool will operate is dependent on the number of registrations received per morning.  
 Monday AM     Tuesday AM     Wednesday AM     Thursday AM     Friday AM

**Bussing**

**YES**, our family will be using the bus.  
Please provide your address to help with Bus Route Planning: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

Name of school your child(ren) are presently attending

\_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_ Telephone \_\_\_\_\_

If necessary, may we contact this school for more information? \_\_\_\_\_

**Church Affiliation Information:**

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Church Name \_\_\_\_\_

Denominational Affiliation \_\_\_\_\_

Church Address \_\_\_\_\_

Telephone \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Briefly describe your family's involvement in the church

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you are unable to obtain a pastoral reference at this time, please explain why.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signatures:**

Father: \_\_\_\_\_ Or Guardian: \_\_\_\_\_

Mother: \_\_\_\_\_ Or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_