



Columbus Christian Preschool

3418 15th Street

P.O. Box 924

Columbus, NE 68602-0924

(402) 562-6470 / Email info@columbuschristian.org



New Student Application

(Fill in all blanks front and back. Use N/A if not applicable.)

Date _____

(Please give student's legal name)

Last Name _____ First _____ Middle _____

Preferred/Nickname _____

Social Security # _____

D.O.B. _____ Age _____ Sex _____ Race _____

Place of Birth (city) _____ (County) _____ (State) _____

Home Phone _____ E-mail Address _____

Family's Church _____ (church address) _____

Pastor _____ Phone _____

Choose race from the following options:

- AM American Indian/Alaskan Native
- AS Asian/Pacific Islander
- BL Black (not Hispanic)
- HI Hispanic
- WH White (not Hispanic)

Parent/Guardian #1

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Cell Phone _____ Employer _____

Occupation _____ Work Phone _____

Relationship to student _____ Lives with student (Y/N) _____

E-mail address _____

Church _____ Pastor _____

Parent/Guardian #2

Last Name _____ First Name _____

Address _____ City _____

State _____ Zip _____ Home Phone _____

Cell Phone _____ Employer _____

Occupation _____ Work Phone _____

Relationship to student _____ Lives with student (Y/N) _____

E-mail address _____

Church _____ Pastor _____

Is there a custody arrangement which has been court adjudicated? (If applicable, a notarized copy of such adjudication must be filed along with the application before enrolling the student) _____

If another party other than a parent is responsible for the tuition payment, please give this information below.

Last Name _____ First Name _____
Address _____ City _____
State _____ Zip _____ Home Phone _____
Cell Phone _____ Employer _____
Occupation _____ Work Phone _____
Relationship to student _____ Lives with student (Y/N) _____
E-mail address _____
Church _____ Pastor _____

Preschool Class Options: 5 day (M-F - 4-5 yr. olds) _____ 3 day (MWF – 4-5 yr. olds) _____
2 day (TTH – 3-5 yr. old) _____

Has your child previously attended preschool? _____ If so, please give the following information:

Last preschool attended _____ Address _____
City _____ State _____ Zip _____ Phone _____

If the above school is a school for which tuition is charges, is your bill paid in full? _____ If no, please give a brief explanation _____

Do you have a certified copy of your child's Birth Certificate? _____

Does your child have a current immunization record? _____

How does your child feel about preschool? _____

What are your child's favorite activities? _____

Does your child have a clinical diagnosis of a learning disability? If yes, please explain: _____

Does your child have any physical limitations or chronic illnesses which we should be aware of? If so, please explain: _____

Has your child been recommended for any special testing or services, whether or not that recommendation was followed? Explain circumstances: _____

Has your child demonstrated negative social behavior (i.e. disrespect, fighting, name calling)? If yes, explain: _____

Is there other pertinent information about your child or family situation that you think could help Columbus Christian Preschool to meet your child's needs? If you prefer, you may attach a separate page. _____

Names, ages, grades and current schools of all siblings (You may continue on a separate paper).

Name of Sibling:	Age/DOB	Current School (if applicable):	Grade:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTICE OF NONDISCRIMINATORY POLICY AS TO STUDENT:

Columbus Christian Preschool admits students of any race, color nationality and ethnic origin to all rights, privileges, programs, and activities generally afforded or made available to students at the school. It does not discriminate on the basis or race, color, nationality and/or ethnic origin in the administration of its educational policies and other school-administered programs.

I affirm that all information on this application is true and accurate to the best of my knowledge. I understand that providing false information or omission of pertinent information could be reason for rejection of the application or dismissal of my child from Columbus Christian Preschool.

I understand that my application is not complete without the proper registration fee; however payment of this fee does not assure admission. I also understand that my application is subject to approval by the Columbus Christian School Board of Education after the interview process has been completed. Once all paperwork is returned, the enrollment steps are completed, and the proper enrollment fee is paid, a space will be held for the student. I also understand my financial commitment and the dates payments are due, and I agree to faithfully meet my obligations to Columbus Christian Preschool.

I also understand that acceptance into Columbus Christian Preschool does not automatically assure acceptance to Columbus Christian School. If I desire to have my child continue their elementary education at Columbus Christian School, I understand that their acceptance is subject to a separate application/interview/approval process.

Parent/Guardian _____

Date _____

Parent/Guardian _____

Date _____

Person Responsible for tuition payment if other than Parent/Guardian:

Date _____

All Information is Considered Confidential.

For Office Use Only

Date Application Received _____

Interview Date _____

Board Member _____

Board Approval _____

Acceptance Letter _____

Tuition Plan _____

Special Notes _____