

\$25 Non-Refundable Fee*

Coast Christian School
525 Earle Lane, Redondo Beach, CA 90278
(310) 798-5181



Preliminary Application for Preschool

(Note: This application does not guarantee enrollment.)

-Please Print-

Child's Name:		Sex:	Date of Birth:
Address:			
City:	State:	Zip:	Phone:
Request of Days: (check desired days) Desired Start Date: _____			
2 Full (T/Th)		<input type="checkbox"/> 3 Full (MWF)	<input type="checkbox"/> 5 Full (M-F)
2 Half (T/Th)		<input type="checkbox"/> 3 Half (MWF)	<input type="checkbox"/> 5 Half (M-F)
Mother's Name:			
Address:		Work Phone:	
Place of Employment:		Hours of Work:	
Father's Name:			
Address:		Work Phone:	
Place of Employment:		Hours of Work:	
Child's Health History:			
Is Child Potty Trained? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Does Child Have Sibling at Coast Christian School? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent Signature:		Date:	
-Office Use Only-			
Received By: _____ Date: _____ Start Date: _____			
\$25 Non-Refundable Fee: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Classroom: _____			
*Applied to registration at the time of child's start date. Student will be kept on active wait list for one year.			