



*Train a child in the way he should go,
And when he is old he will not turn from it.
— Proverbs 22:6*

1715 Stringtown Pike
Cicero, Indiana 46034
317.984.4653 ext. 28
Fax 317.984.3351
www.CiceroChristianChurch.org

Preschool Enrollment Application 2010/11

CHILD'S INFORMATION

name of child: _____ known as: _____
 date of birth: _____ gender: _____ home phone: _____
 address: _____
 city: _____ state: _____ zip: _____

CLASS PREFERENCE – select morning OR afternoon and if you elect to participate in Lunch Bunch

MORNING

9:00a-11:30a Monday-Thursday

check number of days and circle days

- 2-days - \$110/month – Mon Tue Wed Thur
 3-days - \$140/month – Mon Tue Wed Thur
 4-day - \$170/month

AFTERNOON

12:30p-3:00p Monday-Wednesday

check number of days and circle days

- 2-days - \$110/month – Mon Tue Wed
 3-days - \$140/month

*afternoon only offered when
morning sessions become full*

lunch bunch

Monday-Thursday

check number of days and circle days

- 1-day - \$25/month – Mon Tue Wed Thur
 2-days - \$40/month – Mon Tue Wed Thur
 3-days - \$55/month – Mon Tue Wed Thur
 4-days - \$70/month

Includes **hot lunch** with dismissal at 12:30pm

FAMILY INFORMATION

Mother

Father

Name: _____

Employer: _____

Work Address: _____

Work/Mobile Phone: _____

Email: _____

additional household members

name	relationship	age
_____	_____	_____
_____	_____	_____

church affiliation: _____

other: information that would help better meet your child's needs (special instructions, health needs, custodial arrangements...)

parent signatures:

 _____ Date: _____
 _____ Date: _____

Return application to the above address with a **\$50 non-refundable registration fee**
 Made payable to *Crosslight Christian School*. Placement is on a first-come, first-served basis.

For office use only: _____ confirmation letter _____ check # _____ assignment letter