



# KINGDOM KIDS PRE-SCHOOL ENROLLMENT FORM

## ❖ STUDENT(S) INFORMATION (IF MULTIPLE CHILDREN, PLEASE USE BACK)

<b>Student (1) Last Name</b>	First	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Previous School Attended		
<b>Preferred Section:</b> <input type="checkbox"/> M/W/F AM 4K <input type="checkbox"/> M/W/F PM 4K <input type="checkbox"/> Tu/Th AM 3/4K <b>PLEASE INCLUDE \$100 DEPOSIT</b>			

## ❖ PARENT OR GUARDIAN INFORMATION

<b>Mother's (or Guardian's) Last Name</b>	First	Initial
Street Address (if different from above)	Home Telephone ( )	
City	State	Zip
Occupation/Title	Email	
Employer	Business Telephone	Cell Phone
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent	
Mother's Parent(s)		
Mother's Parent(s) Street Address	City	State Zip

<b>Father's (or Guardian's) Last Name</b>	First	Initial
Street Address (if different from above)	Home Telephone ( )	
City	State	Zip
Occupation/Title	Email	
Employer	Business Telephone	Cell Phone
Marital Status	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent	
Father's Parent(s)		
Father's Parent(s) Street Address	City	State Zip

## ❖ CHURCH INFORMATION (PLEASE RETURN PASTOR'S RECOMMENDATION FORM)

Church	Pastor's Name	City
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## ❖ HEALTH REQUIREMENTS—

**Immunization records are due at orientation in August.** Please do not delay in making an appointment. The requirements for the 2013.14 school year are as follows:

**Pre K:**  4 DTP/DTaP/DT  3 Polio  1 MMR  3 Hepatitis B  1 Varicella

## ❖ TWO KEY FACTORS INFLUENCING US TO INVESTIGATE A CWC EDUCATION ARE:

- Location  Christian Philosophy  Recommendation of CWC Family  Displeasure with public school  
 Academic Program  Co-Curricular Program  Other: \_\_\_\_\_

## ❖ WE LEARNED OF CWC THROUGH: Current Students Current Parents

- Pastor  Web Site  Alumni  Radio Ad  Newspaper Ad  Other: \_\_\_\_\_

## ❖ IF YOU REFERRED BY A CURRENT CWC FAMILY, PLEASE LIST THEIR NAME:

Referral Family
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## ❖ TRANSPORTATION: If you are not a resident of the Waupun School District, how many miles do you live from CWC (one way)? \_\_\_\_\_

**STEPS TO ADMISSION TO CENTRAL WISCONSIN CHRISTIAN**

- (1) Complete Enrollment Form
- (2) Return Pastors' Recommendation (must be received prior to interview)
- (3) Schedule interview with Advancement Office

*\*\*Current families may omit steps 2 & 3*

❖ **PLEASE EXPLAIN WHY YOU DESIRE TO ENROLL YOUR CHILD(REN) AT CENTRAL WISCONSIN CHRISTIAN?**

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❖ **ADDITIONAL STUDENT(S) INFORMATION**

<b>Student (2) Last Name</b>	First	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Previous School Attended		
<b>Preferred Section:</b>	<input type="checkbox"/> M/W/F AM 4K	<input type="checkbox"/> M/W/F PM 4K	<input type="checkbox"/> Tu/Th AM 3/4K <b>PLEASE INCLUDE \$100 DEPOSIT</b>

<b>Student (3) Last Name</b>	First	Initial	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth	Previous School Attended		
<b>Preferred Section:</b>	<input type="checkbox"/> M/W/F AM 4K	<input type="checkbox"/> M/W/F PM 4K	<input type="checkbox"/> Tu/Th AM 3/4K <b>PLEASE INCLUDE \$100 DEPOSIT</b>

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**Office Use Only**

Deposit Date \_\_\_\_\_  Registration # \_\_\_\_\_  
 Section Assigned: 4K AM 4K PM 3/4K AM  Interview Date \_\_\_\_\_



# PASTOR RECOMMENDATION CENTRAL WISCONSIN CHRISTIAN SCHOOL

DATE OF APPLICATION \_\_\_\_\_

❖ **THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN BEFORE IT IS GIVEN TO YOUR PASTOR**

Parent/Guardian Name(s)		
Street Address	Home Telephone (     )	
City	State	Zip

Applying to:     Kingdom Kids 4K Pre-School     CWC Elementary Grades K-5     CWC Middle School Grades 6-8     CWC High School Grades 9-12

Name(s) of student(s) applying for admission:

1.	2.	3.
4.	5.	6.

❖ **THIS SECTION TO BE COMPLETED BY PASTOR**

The above family is applying for admission to Central Wisconsin Christian School. Please answer the following questions and mail the completed form to the school address below. Thank you.

Does your church believe that the Bible is God's divinely inspired Word of God and forms the basis for our walk as His Kingdom workers?  
 Yes     No

Is this family a member of your church?     Yes     No  
Does this family regularly attend worship services at your church?     Yes     No

In what church activities do members of this family participate?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What evidence of spiritual growth have you seen in this family?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Pastor Name	Pastor Signature	
Name of Church	Pastor Email	
Telephone (     )	Pastor FAX (     )	
Church Address		
City	State	ZIP

Please *return this completed form* to:  
**Advancement Office**  
**Central Wisconsin Christian School**  
**301 Fox Lake Road**  
**Waupun, WI 53963**