



# Shepherd of the Hills Christian School

## ENROLLMENT APPLICATION

### Child/ren's Information

Last Name	First Name	M.I.	Sex	Birth Date	2009-2010 Gr Level	Session (See Below)	Child Care?
_____	_____	___	___	_____	_____	_____	_____
_____	_____	___	___	_____	_____	_____	_____
_____	_____	___	___	_____	_____	_____	_____

### Session choices:

Preschool (see schedules:)

- |                             |                                 |                                |                                 |                                 |
|-----------------------------|---------------------------------|--------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> JK | <input type="checkbox"/> PK-AM  | <input type="checkbox"/> AB-3* | <input type="checkbox"/> PS-3T  | <input type="checkbox"/> PS-2   |
|                             | <input type="checkbox"/> PK-A+E | <input type="checkbox"/> AB-5* | <input type="checkbox"/> PS-3M  | <input type="checkbox"/> PS-2+1 |
|                             | <input type="checkbox"/> PK-PM  |                                | <input type="checkbox"/> PS-3+E | <input type="checkbox"/> PS-2+E |

\*Afternoon Blast only available for students enrolled in JK or PK classes

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|----------------------------------|
| <input type="checkbox"/> PS-3T+1 |
| <input type="checkbox"/> PS-3M+1 |

Kindergarten:

- Full Day Kindergarten

### Parent Information

<i>Parent/Guardian 1</i>	
Name _____	SS# _____
Home Address _____	Relationship to children: _____
City, State, Zip _____	Home Phone: _____
Employer _____	Email Address _____
Employer's Address _____	Work Phone _____
Employer's City, State, Zip _____	Cell Phone _____
Church Membership _____	Pager _____
<i>Parent/Guardian 2</i>	
Name _____	SS# _____
Home Address _____	Relationship to children: _____
City, State, Zip _____	Home Phone: _____
Employer _____	Email Address _____
Employer's Address _____	Work Phone _____
Employer's City, State, Zip _____	Cell Phone _____
Church Membership _____	Pager _____
<b>Children live with: ___ Both parents ___ Mother only ___ Father only ___ Shared ___ Guardian</b>	
Please describe any special parenting arrangements that would be helpful for the school to know:	

### Office Use Only:

Deposit Check # _____	Tour date _____	Interview Date _____	Assessment Date _____	SOTHLC Member _____
Assmnt Check # _____	Birth Cert _____	Immunization _____	Transcrip Rec'd _____	AccepPckt Sent _____

## FAMILY PROFILE

Please provide a brief description of the religious/spiritual background of your family and enrolling children.

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What is your family's primary language? \_\_\_\_\_ Child(ren)'s primary language? \_\_\_\_\_

Does your child(ren) attend church and/or Sunday school? If yes, indicate where.

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I want a Christian education for my child(ren) because:

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Has your child(ren) been baptized? If yes, record date and place below.

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As a result of testing did your child(ren) qualify for placement in a particular program such as learning disabilities, gifted and talented or other? If yes, please describe.

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Does your child(ren) struggle in any academic, social, spiritual or physical areas?

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I would like to be involved in my child's education in the following ways:

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I fully understand that the purposes of SOTHCS are to help my child learn about and experience God's love; study the Bible and begin growing in the abundant life Christ promises; pursue intellectual curiosity and academic excellence.

Parent or legal guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_