



## ENROLLMENT APPLICATION FORM

Fort Collins Christian School  
 2040 Nancy Gray Ave. Fort Collins, CO 80525  
 (970)222-6347

**Date of Enrollment:** \_\_\_\_\_

**Legal Name of Child:** \_\_\_\_\_ Male ( ) Female ( )

**Age:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Place of Birth:** \_\_\_\_\_

**Child's Nickname:** \_\_\_\_\_ **Child living with** \_\_\_\_\_

**Languages spoken at home:** \_\_\_\_\_

**Child's Home Address:** \_\_\_\_\_

**Last School Attended and Address:** \_\_\_\_\_

	Mother/Guardian
<b>Full Name</b>	
<b>Address (if different from child's)</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Email Address</b>	
<b>Name of Employer/School</b>	
<b>Address of Employer/School</b>	
<b>Phone of Employer (ext.)</b>	

	Father/Guardian
<b>Full Name</b>	
<b>Address (if different from child's)</b>	
<b>Home Phone</b>	
<b>Cell Phone</b>	
<b>Email Address</b>	
<b>Name of Employer/School</b>	
<b>Address of Employer/School</b>	
<b>Phone of Employer (ext.)</b>	

**Special Instruction for reaching parents or guardians:** \_\_\_\_\_

**Alternate Emergency Contact:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_

I have read the **School Policies, Rules and Procedures** and agree to support the policies of the Fort Collins Christian School. I will encourage my child to fulfill all the responsibilities expected of him/her as a representative of this school.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_