



Hanford Christian School
 11948 Flint Avenue, Hanford, CA 93230
 TEL: (559) 584-9207 / FAX: (559) 584-2602
 www.hanfordchristian.org

APPLICATION FOR ADMISSION

Preschool Information

First Name:	Last Name:	Date of Birth:	Gender:
			<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Phone Number:	

For what reason(s) do you desire to enroll your child(ren) in Hanford Christian Preschool?

Has this child been identified with any of the following special needs? Vision Speech Hearing

Learning Other: _____

Has this child been identified with any allergies? No Yes: _____

Child lives with: Both Mother Father other: _____ (relationship)

Does your child regular attend church? No Yes : _____ (Name of Church)

Do you plan on continuing your child’s education here at Hanford Christian School K-8th? Yes No

Parent Information

Father

Mother

Parents’ Names:		
Email Addresses:		
Cell Phone Numbers:		
Occupations:		
Place of Employment:		

Sibling Information

Name:	Age:	Grade:	Present School:

Program: Please check the boxes that apply to your child’s enrollment.

Preschool	Pre-Kindergarten	Transitional Kindergarten	
T/Th – 8:15-11:15	M/W/F – 8:15-11:15	M-F – All Day – 8:15 – 2:45	
T/Th – 11:45-2:45	M/W/F – 11:45-2:45		
T/Th – All Day - 8:15 – 2:45	M/W/F – All Day – 8:15 – 2:45	Extended Care	
Five days a week all day	Five days a week all day	Lunch Extended Care	

Please note that tuition rates and registration fees are subject to change.

Submitting this form is the first step the in Hanford Christian School registration process.

Parent/Guardian Signature _____ **Date:** _____