

## Hanford Christian School

11948 Flint Avenue, Hanford, CA 93230 Phone: (559) 584-9207

www.hanfordchristian.org

## ADDITION FOR ADMISSION - DRE-KINDERGARTEN

Ai				
First Name:	Last Name	e:	Date of Birth:	Gender:
				☐ Male ☐ Female
Address:	I		Phone Number:	1
For what reason(s) do y	you desire to e	nroll your ch	nild(ren) in Hanford Christi	an Preschool?
Has this child been ider	ntified with any	of the follo	owing special needs? 🗌 V	ision 🗌 Speech 🗌 Hearing
Learning Other	:			
	·			(relationship)
Does your child regular	r attend church	?∐ No ∐ `	Yes :	( Name of Church)
Do you plan on continu	uing your child's	s education	here at Hanford Christian	School K-8 <sup>th</sup> ? ☐ Yes☐ No
Parent Information		Father		Mother
		-	atrici	Wiotiici
Parents' Names:			derici	Wiother
				Widther
Email Addresses:				Wother
Email Addresses: Cell Phone Numbers:				Modifici
Email Addresses: Cell Phone Numbers: Occupations:				Motrici
Email Addresses: Cell Phone Numbers: Occupations: Place of Employment:				Motrici
Email Addresses: Cell Phone Numbers: Occupations: Place of Employment: Sibling Informatio			Grade:	Present School:
Email Addresses: Cell Phone Numbers: Occupations: Place of Employment: Sibling Informatio	on			
Email Addresses: Cell Phone Numbers: Occupations: Place of Employment: Sibling Informatio	on			
Parents' Names: Email Addresses: Cell Phone Numbers: Occupations: Place of Employment: Sibling Informatio Name:  Program: Please of	on Age:			Present School:
Email Addresses: Cell Phone Numbers: Occupations: Place of Employment: Sibling Informatio Name:  Program: Please C	on Age:	oxes that	Grade: apply to your child's	Present School:
Email Addresses: Cell Phone Numbers: Occupations: Place of Employment: Sibling Informatio Name:	on Age: Check the bo	oxes that	Grade:  apply to your child's	Present School:

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