



*Hanford Christian School*  
 11948 Flint Avenue, Hanford, CA 93230  
 Phone: (559) 584-9207  
[www.hanfordchristian.org](http://www.hanfordchristian.org)



**APPLICATION FOR ADMISSION - TRANSITIONAL KINDERGARTEN**

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-8<sup>th</sup>?  Yes  No

**Parent Information** **Father** **Mother**

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

**Sibling Information**

Name:	Age:	Grade:	Present School:

The Transitional Kindergarten program is Monday through Friday from 8:00 a.m. to 2:30 p.m.

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