Faith Christian School Enrollment Application

Preschool

Please fill this form out completely! Date of Application: STUDENT INFORMATION Name: Last First M.I. Birthdate: Gender M / F Month Day Year **RESIDENCY INFORMATION** Who does the child live with? Both Parents Mother Only Father Only Mother and Spouse Father and Spouse (circle one) Grandparents **Foster Parents** Other: Physical address for child: Mailing address (if different than physical): **GUARDIAN #1** Father's Name: _______ Employer: Address: City/State/Zip (If different than child's) Home Phone: Work Phone: Cell Phone: Contact Allowed? Email: ☐ YES □NO **GUARDIAN #2** Mother's Name: Employer: Address: City/State/Zip (If different than child's) Home Phone: Work Phone: Cell Phone: Email: Contact Allowed? ☐ YES ☐ NO **OTHER ADULT #1 (if student lives with):** Full Name: Relation to Student: Address: City/State/Zip (If different than child's) Home Phone: Work Phone: Cell Phone: Contact Allowed? ☐ YES ☐ NO Email: OTHER ADULT #2 (if student lives with): Full Name: Relation to Student: Address: City/State/Zip (If different than child's) Home Phone: Work Phone: Cell Phone: Email: Contact Allowed? ☐ YES ☐ NO

GETTING TO KNOW YOU:
Describe your child's personality and interests:
Please tell us about your child's strengths:
Briefly tell us how you heard about FCS and why you have selected this school for your child:
What does your family do to incorporate faith into your home?
What do you ses as your role or responsibility in the education of your son/daughter?
FAITH INFORMATION
Where does your family presently attend church?
Church Phone Number: Pastor's Name:
Parent/Guardian 1: How does your relationship with Christ impact your everyday life?
Parent/Guardian 2: How does your relationship with Christ impact your everyday life?

Faith Christian School
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