

**CrossPoint Children's Center**  
6950 Edison Ave., Chino, CA 91710  
Tel. 909-902-1154

**Select Payment Choice:**  
 Monthly  
 Semi-monthly (3% Service Charge)  
 Weekly (3% Service Charge)

**APPLICATION FORM FOR ENROLLMENT**  
(Please print. Thank you.)

Registration Fee: \$85.00	Date _____	Cash _____	Check# _____	CC _____
Class Fee: \$25.00	Date _____	Cash _____	Check# _____	CC _____
Registration Packet:	Date _____	In house _____	Mailed _____	

**Child's Name** \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_  
Last First M.I.

Child's Address \_\_\_\_\_ Phone \_\_\_\_\_  
P.O. Box or Street  
City State Zip Code

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Primary Language \_\_\_\_\_ T-shirt size (please circle): XS S M L

This child lives with: (circle one) Mother & Father Foster Parents Mother Only Grandparents Father Only Other: \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_

Address of Employment \_\_\_\_\_

Position \_\_\_\_\_ Soc. Sec. or CDL # \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_) \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_

Address of Employment \_\_\_\_\_

Position \_\_\_\_\_ Soc. Sec. or CDL# \_\_\_\_\_

**Check your schedule choice indicating preferred days:**

- 5 days a week       3 days a week       2 days a week
- 6:00 am to 6:30 pm     8:00 am to 5:00 pm     7:30 am to 4:30 pm     7:00 am to 4:00 pm  
 6:00 am to 1:00 pm     6:00 am to 12:00 pm

**List all persons living in the household with this child.**

Name	Age	Relationship to Child	Employed (Yes/No)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Preschool last attended** \_\_\_\_\_ **Teacher** \_\_\_\_\_

**Street Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** \_\_\_\_\_

**How did you learn about our center?** \_\_\_\_\_

State briefly why you want your child to attend CPCC Preschool \_\_\_\_\_

**Church you regularly attend?** \_\_\_\_\_

**I hereby make application for the admission of my son/daughter to CrossPoint Children's Center. If my child is accepted into CPCC Preschool, I agree to pay my financial obligations and adhere to the policies of the school. I understand that registration fees are non-refundable and non-transferable.**

**Parent's Signatures** (both parents must sign if child lives with both parents):

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

CrossPoint Children's Center is a ministry of CrossPoint Church. The school has a non-discrimination policy. CrossPoint Children's Center shall make no distinction in its admission or educational services on the grounds of race or ethnic origin.