



ANGELS CHRISTIAN ACADEMY
where angels learn and play

2720 Crystal Water Way, Las Vegas, Nevada, 89117 (702) 270-2141

APPLICATION FOR ENROLLMENT

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. It is the parent/guardian's responsibility to notify our front office immediately of any changes of information. We will not give out your personal information to any unauthorized personnel.

Family name: _____
Parent/Guardian (1): _____ SS#: _____ Circle Relation: Mother Father Other
Parent/Guardian (2): _____ Circle Relation: Mother Father Other
Who is the Child's Legal Guardian? _____ Circle Status: Married Single Divorced Widowed

Address: _____ City: _____ State: _____ Zip: _____
Home Phone No. _____

Parent/Guardian (1) Cell No. _____ Parent/Guardian (1) E-mail: _____
Parent/Guardian (1) Employer _____ Employer's Address: _____
Employer's No. _____ Work hours: _____
Parent/Guardian (2) Cell No. _____ Parent/Guardian (2) E-mail: _____
Parent/Guardian (2) Employer: _____ Employer's Address: _____
Employer's No. _____ Work hours: _____

Child's Name: _____ Nickname: _____ Birth date: _____
Circle Program: Infant Toddler Pre-school Pre-Kindergarten Kindergarten

Who is authorized to pick up the child? _____
Who may NOT pick up the child? _____

Members of the household and their relationships:

Has the child previously attended a school or child care center? No Yes, Where? _____
If yes, for how long? _____
Age of the child when mother returned to work? _____ Family Doctor and/or Clinic? _____
Address _____ Phone No. _____

Parent/Guardian's Signature: _____

For Office Use Only
Date application received: _____ To be assigned to: _____
Date to start: _____ Schedule: _____
Initial Registration Fee paid (date): _____ Initial Tuition amount: _____
Administrator's Signature _____