



**For School Use Only**

Application completed \_\_\_\_\_  
Date deposit received \_\_\_\_\_  
Check # \_\_\_\_\_ Amount \_\_\_\_\_  
Application accepted/denied \_\_\_\_\_

## Application for Admission Pre-Kindergarten 2011-2012

**Program Choices** (Child must be 4 years old by September 1, 2011)

\_\_\_\_\_ **Full Day** - Monday - Friday (8:15-3:00) \$385/month. First months payment is due with enrollment forms, remaining 9 monthly payments payable September – May (due 10<sup>th</sup> of each month).

\_\_\_\_\_ **Half Day** - Monday - Friday (8:15-11:30) \$232/month. First months payment is due with enrollment forms, remaining 9 monthly payments payable September – May (due 10<sup>th</sup> of each month).

There is an initial deposit (one month tuition). This deposit secures a space for your child. We will notify you immediately and return your deposit if space is not available.

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### Student Information

Date \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Nickname Used (if applicable) \_\_\_\_\_ M \_\_\_ F \_\_\_

Home Address \_\_\_\_\_  
(Street or PO Box)

\_\_\_\_\_  
(City) (State) (Zip)

Home Phone ( \_\_\_ ) \_\_\_\_\_

Child's Age \_\_\_\_\_ Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

School District you reside in \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone ( \_\_\_ ) \_\_\_\_\_

Date of most recent health exam \_\_\_\_\_

Is the child current on immunizations? Yes \_\_\_ No \_\_\_

Allergies \_\_\_ Please list \_\_\_\_\_

Physical disabilities \_\_\_ Please list \_\_\_\_\_

Speech difficulties \_\_\_\_\_

Habits faculty/staff should be aware of \_\_\_\_\_

Is the child Right-handed \_\_\_ or Left-handed \_\_\_?

Can child care for him/herself in the bathroom? \_\_\_\_\_

**Family Background**

First Parent/Guardian \_\_\_\_\_  
(Last) (First) (Middle)

Relationship to student \_\_\_\_\_ E-mail \_\_\_\_\_

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

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_\_

Second Parent/Guardian \_\_\_\_\_  
(Last) (First) (Middle)

Relationship to student \_\_\_\_\_ E-mail \_\_\_\_\_

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

Home Phone ( \_\_\_\_ ) \_\_\_\_\_ Cell Phone ( \_\_\_\_ ) \_\_\_\_\_

Occupation/Position \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone ( \_\_\_\_ ) \_\_\_\_\_

Parents are (please circle): married separated divorced widowed single

Student lives with (please circle): both parents mother father grandparents other \_\_\_\_\_

List the names and grades/ages of student's brothers and sisters:

<i>Name</i>	<i>Age/Grade in School</i>	<i>School Attending</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Christian Life**

Church Name \_\_\_\_\_

Pastor's Name(s) \_\_\_\_\_

Church or Pastor's Address \_\_\_\_\_

Church/Pastor's Phone ( \_\_\_\_ ) \_\_\_\_\_ E-mail \_\_\_\_\_

How long have you been attending this church? \_\_\_\_\_

**For Response By Parents**

Why are you choosing New Covenant Christian School for your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Authorization

Please list who is authorized to pick up your child from New Covenant if parents/guardians are not available.

Name	Relationship to Child	Phone #
_____	_____	_____
_____	_____	_____

## Permission To Use Student Name or Photo (Please check one)

- I/We give:
- I/We do not give:

Permission for a photo/image that includes our child, to be published in media and news releases produced by New Covenant. This includes but is not limited to web site, marketing material, etc.

## Parental Commitment

I/We understand that being a part of New Covenant is a privilege and responsibility.

I/We commit ourselves to the following:

- To support the missions, values and educational philosophy of New Covenant.
- To pay our tuition faithfully according to the following options:
  - \_\_\_\_\_ 9 monthly payments, Sept.- May. **Please complete the enclosed SMART form.**
  - \_\_\_\_\_ Full payment on or before August 10, 2011 (2 % tuition discount)
- Pray regularly for New Covenant.
- To be involved in our child's education through attendance at parent-teacher conferences and meetings, and other activities of the school.
- To deal with problem situations and disagreements according to the principles outlined in Matthew 18: 15-16.
  - “ If your brother sins against you, go and show him his fault, just between the two of you. If he listens to you, you have won your brother over. But if he will not listen, take one or two others along, so that every matter may be established by the testimony of two or three witnesses.”
- To cooperate with the administration and faculty in all areas of discipline.
- To regular attendance at our church family.

I waive all claims against New Covenant Christian School in case of accident, injury, or sickness resulting from our child's contact with this school. I give my permission for New Covenant's personnel to administer first aid/emergency medical care to my child during school hours until parents can be reached.

My child may accompany the class on all field trips and we accept all increased risks of accident or injury such trips may present.

## Application Signatures

Signature of Father or Guardian \_\_\_\_\_

Signature of Mother or Guardian \_\_\_\_\_

Date \_\_\_\_\_



## ***Pastor's Reference Form***

After you have completed Part I, please give this to your Pastor to complete and mail directly to New Covenant Christian School.

**I. Family Name:** \_\_\_\_\_

Family Address: \_\_\_\_\_

Names of children applying to New Covenant:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

### **II. To be completed by the Pastor.**

*Dear Pastor,*

*At New Covenant we are committed to supporting our families through partnering with the local church. By taking the time to fill out this form, you will equip New Covenant to better serve this family. Any information you provide will be kept confidential.*

*Thank you!*

Describe the family's church attendance:

Regular (3-4 times per month)    Irregular (1-2 times per month)    Seldom

Who in the family attends (please check those that apply):  Both Parents    Father    Mother    Children

Approximately how long have they been involved with your church? \_\_\_\_\_

Is the family active in your church beyond Sunday attendance?  Yes    No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are the children active in the children/youth program of the church?  Yes    No

What if this family's strongest needs and how can New Covenant partner with your church to support them?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Based on your knowledge of the family, do you recommend them for admission to New Covenant Christian School?

Yes  No    If not, why?

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Pastor's Signature: \_\_\_\_\_

Pastor's Name (Printed): \_\_\_\_\_

Name of Church: \_\_\_\_\_

Church Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Church Email Address: \_\_\_\_\_

Church Website: \_\_\_\_\_

Names of Additional Pastoral Staff: \_\_\_\_\_

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***Thank you for taking the time to complete this form.  
Upon completion, please send to address below.***

*New Covenant Christian School...Lebanon Valley's Academy for Training Outstanding Christian Leaders*

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