



STUDENT INFORMATION (To be completed by parent or guardian)

The following hereby apply for admission to Lititz Christian School and/or Afterschool Care for the 2011-2012 school year.

Child One	Legal Name: _____ Last First Middle DOB M F				
	Academics			Afterschool Care	
	Grade Entering:				
	Preschool: ___ 3 day(MWF) ___ 5 day(M-F) Pre-K: ___ 3 day(MWF) ___ 5 day(M-F)			Preschool: ___ 3 day ___ 5day (11:30-6:00)	
Kindergarten ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___			Pre-K: ___ 3day ___ 5day (11:30-6:00)		
6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___			Grades K-5: ___ 5 days (2:40-6:00)		
HEALTH/SPECIAL NEEDS STATEMENT:					
Has your child needed any professional attention for a chronic physical or emotional condition? Yes___ No___					
Has your child been diagnosed with a learning disability? Yes___ No___ If yes, please explain and include copies of all reports. _____					
Has your child received Learning Support or tutoring? Yes ___ No___					
Child Two	Legal Name: _____ Last First Middle DOB M F				
	Academics			Afterschool Care	
	Grade Entering:				
	Preschool: ___ 3 day(MWF) ___ 5 day(M-F) Pre-K: ___ 3 day(MWF) ___ 5 day(M-F)			Preschool: ___ 3 day ___ 5day (11:30-6:00)	
Kindergarten ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___			Pre-K: ___ 3day ___ 5day (11:30-6:00)		
6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___			Grades K-5: ___ 5 days (2:40-6:00)		
HEALTH/SPECIAL NEEDS STATEMENT:					
Has your child needed any professional attention for a chronic physical or emotional condition? Yes___ No___					
Has your child been diagnosed with a learning disability? Yes___ No___ If yes, please explain and include copies of all reports. _____					
Has your child received Learning Support or tutoring? Yes ___ No___					
Child Three	Legal Name: _____ Last First Middle DOB M F				
	Academics			Afterschool Care	
	Grade Entering:				
	Preschool: ___ 3 day(MWF) ___ 5 day(M-F) Pre-K: ___ 3 day(MWF) ___ 5 day(M-F)			Preschool: ___ 3 day ___ 5day (11:30-6:00)	
Kindergarten ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___			Pre-K: ___ 3day ___ 5day (11:30-6:00)		
6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___			Grades K-5: ___ 5 days (2:40-6:00)		
HEALTH/SPECIAL NEEDS STATEMENT:					
Has your child needed any professional attention for a chronic physical or emotional condition? Yes___ No___					
Has your child been diagnosed with a learning disability? Yes___ No___ If yes, please explain and include copies of all reports. _____					
Has your child received Learning Support or tutoring? Yes ___ No___					



LITITZ CHRISTIAN SCHOOL

Application for Admission

STUDENT INFORMATION (To be completed by parent or guardian)

The following hereby apply for admission to Lititz Christian School and/or Afterschool Care for the 2011-2012 school year.

Child Four	Legal Name: _____ Last First Middle DOB M F				
	Academics			Afterschool Care	
	Grade Entering: Preschool: ___ 3 day(MWF) ___ 5 day(M-F) Pre-K: ___ 3 day(MWF) ___ 5 day(M-F) Kindergarten ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___			Preschool: ___ 3 day ___ 5day (11:30-6:00) Pre-K: ___ 3day ___ 5day (11:30-6:00) Grades K-5: ___ 5 days (2:40-6:00)	
	HEALTH/SPECIAL NEEDS STATEMENT: Has your child needed any professional attention for a chronic physical or emotional condition? Yes ___ No ___ Has your child been diagnosed with a learning disability? Yes ___ No ___ If yes, please explain and include copies of all reports. _____ Has your child received Learning Support or tutoring? Yes ___ No ___				
Child Five	Legal Name: _____ Last First Middle DOB M F				
	Academics			Afterschool Care	
	Grade Entering: Preschool: ___ 3 day(MWF) ___ 5 day(M-F) Pre-K: ___ 3 day(MWF) ___ 5 day(M-F) Kindergarten ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___			Preschool: ___ 3 day ___ 5day (11:30-6:00) Pre-K: ___ 3day ___ 5day (11:30-6:00) Grades K-5: ___ 5 days (2:40-6:00)	
	HEALTH/SPECIAL NEEDS STATEMENT: Has your child needed any professional attention for a chronic physical or emotional condition? Yes ___ No ___ Has your child been diagnosed with a learning disability? Yes ___ No ___ If yes, please explain and include copies of all reports. _____ Has your child received Learning Support or tutoring? Yes ___ No ___				
Child Six	Legal Name: _____ Last First Middle DOB M F				
	Academics			Afterschool Care	
	Grade Entering: Preschool: ___ 3 day(MWF) ___ 5 day(M-F) Pre-K: ___ 3 day(MWF) ___ 5 day(M-F) Kindergarten ___ 1st ___ 2nd ___ 3rd ___ 4th ___ 5th ___ 6th ___ 7th ___ 8th ___ 9th ___ 10th ___ 11th ___ 12th ___			Preschool: ___ 3 day ___ 5day (11:30-6:00) Pre-K: ___ 3day ___ 5day (11:30-6:00) Grades K-5: ___ 5 days (2:40-6:00)	
	HEALTH/SPECIAL NEEDS STATEMENT: Has your child needed any professional attention for a chronic physical or emotional condition? Yes ___ No ___ Has your child been diagnosed with a learning disability? Yes ___ No ___ If yes, please explain and include copies of all reports. _____ Has your child received Learning Support or tutoring? Yes ___ No ___				