

**COMPLETE AND RETURN WITH \$100 NON-REFUNDABLE APPLICATION FEE**

*(Please type or print clearly)*

Name of Student (FULL legal name (first, middle, last), as shown on birth certificate) \_\_\_\_\_ Nickname \_\_\_\_\_ DOB \_\_\_\_\_ Age as of July 31 \_\_\_\_\_ Gender:  M  F

Home Address \_\_\_\_\_ Number and Street \_\_\_\_\_ City \_\_\_\_\_ State and Zip Code \_\_\_\_\_ Telephone # \_\_\_\_\_ Social Security # \_\_\_\_\_

**T / W / TH (half-day has the option to switch to full-day mid-year)**  FULL DAY  HALF DAY

Does the student have a brother and/or sister applying to this school?  Yes  No

If yes, list all sibling(s) name(s) and grade(s): \_\_\_\_\_

Other children in family: (please include ages) \_\_\_\_\_

**CHILD CUSTODY:** Any restrictions on the rights of your child's non-custodial parent which pertain to his/her involvement in normal activities in the school?  
 Yes  No (If yes, provide a copy of the legal documents with restrictions.)

**APPLICANT LIVES WITH:**  Both Parents  Mother  Father  Stepmother  Stepfather  Guardian (If guardian, official guardianship papers must be on file at CPRS.)

Religious Affiliation \_\_\_\_\_

**FATHER'S (Guardian's) Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Home Address \_\_\_\_\_

Phone # \_\_\_\_\_ Unlisted:  Yes  No

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Church/Branch you attend \_\_\_\_\_

**ALUMNI:**  Yes  No Yr Graduated \_\_\_\_\_ or grds/years atnd. \_\_\_\_\_

**MOTHER'S (Guardian's) Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_

Home Address \_\_\_\_\_

Phone # \_\_\_\_\_ Unlisted:  Yes  No

Email address \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Phone # \_\_\_\_\_

Church/Branch you attend \_\_\_\_\_

**ALUMNI:**  Yes  No Yr Graduated \_\_\_\_\_ or grds/years atnd. \_\_\_\_\_

**PAYMENT PLAN:**  10 month (August 1 – May 1)  Payment for full year - by the first day of school

**PERMISSION TO RECEIVE INVOICE DIGITALLY:**  Yes  No Email address (if other than listed above) \_\_\_\_\_

**PERMISSIONS:**

(Please Check One and Initial)

I DO -or-  I DO NOT give permission for my student's image to be reproduced in the promotional materials for Center Place Restoration School, i.e., website, newsletters, newspaper articles, social media, and advertising. **INITIAL HERE:** \_\_\_\_\_

(Please Initial)

I / We give permission for him/her to take part in activities sponsored by the school, including P.E. classes, field trips, athletic events, concerts, etc., on or away from school premises, and absolve the school from liability due to any injury to my child at school or during any school activity. I further pledge my support and agreement with the standards of conduct and discipline of Center Place Restoration School. **INITIAL HERE:** \_\_\_\_\_

**(Please sign indicating acceptance of the below statement.)**

**I / We hereby state that the information contained in this application is correct and true to the best of my knowledge. Completion and submission of this application indicates your acceptance of the policies and procedures outlined in the CPRS Parent/Student Handbook.**

\_\_\_\_\_  
 Parent / Legal Guardian Signature

\_\_\_\_\_  
 Date

**FOR CPRS STAFF ONLY:**

Received:  \$100 Application Fee Date Paid \_\_\_\_\_  Previous Tuition Paid? (for older students or repeat PreK student)  
 Date: \_\_\_\_\_ School Year: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
 New Student  Returning Student  Previous School Records (new applicants)  Immunization Records (new applicants)

**PERSONAL HISTORY:**

Indicate preference of hospital in the event of an emergency \_\_\_\_\_  
 Child's Physician \_\_\_\_\_ Telephone# \_\_\_\_\_  
 Please list all childhood diseases your child has had \_\_\_\_\_  
 Does the applicant regularly require any medication? (If yes, please explain.) \_\_\_\_\_  
 Does the applicant have any known allergies? (If yes, please list.) \_\_\_\_\_  
 Does the applicant have any physical limitations, including speech or hearing issues? (If yes, please explain.) \_\_\_\_\_  
 Does the applicant speak English as his/her second language? (If yes, please list what language is spoken at home.) \_\_\_\_\_  
 Has the applicant ever been diagnosed by school or physician as having any type of learning problems – physical, emotional, mental, or behavioral (If yes, please explain.) \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CHILD'S IMMUNIZATION RECORD (OR EXEMPTION CARD) WITH THIS APPLICATION.**

**PRESCHOOL CHECKLIST:**

(Please Check Applicable Items and Initial Each Section)

**Must be able to do these items: INITIAL HERE: \_\_\_\_\_**

- Sit still for story-time (10-15 minutes)
- Fully potty trained

**Must be able to do 50% of these items: INITIAL HERE: \_\_\_\_\_**

- Use words to express emotions
- Manage emotions (i.e., no excessive crying)
- Complete a project or activity
- Recognize emotions
- Take turns
- Share toys
- Listen and follow simple instructions
- Separate from parents
- Enjoy doing things for themselves
- Recognize some shapes and colors
- Recite the ABCs and recognize a few letters
- Express thoughts and needs verbally
- Recite their whole name
- Count to 5
- Draw with a crayon or pencil

*Notice of Nondiscriminatory Policy: Center Place Restoration School admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.)*