

# City of Faith Christian School

*Advancing the Kingdom Of God by Developing the Next Generation of Leaders*  
3445 & 3453 White Plains Road • Bronx • New York 10467 • Tel: (718) 798-3052 • Fax: (718) 654-4452

## SUMMER SCHOOL ENROLLMENT APPLICATION

Please Check ( ) Full Summer

( ) Partial Summer – of Weeks ( ) From \_\_\_\_\_ To \_\_\_\_\_

### Student's Information

Student Name: \_\_\_\_\_  
First Middle Last

Primary Address: \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Name of School District: \_\_\_\_\_

### Parent's Profile

Name of Parent/Guardian 1: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home: (\_\_\_\_) - \_\_\_\_\_ Work: (\_\_\_\_) - \_\_\_\_\_ Cell: (\_\_\_\_) - \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Separated  Divorced

Home Address: \_\_\_\_\_  
House Number Street Apt. Number

\_\_\_\_\_  
City State Zip

Employer: \_\_\_\_\_

Profession/Occupation: \_\_\_\_\_

Name of Parent/Guardian 2: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home: (\_\_\_\_) - \_\_\_\_\_ Work: (\_\_\_\_) - \_\_\_\_\_ Cell: (\_\_\_\_) - \_\_\_\_\_

Marital Status:  Married  Single  Widowed  Separated  Divorced

Home Address (If different): \_\_\_\_\_  
House Number Street Apt. Number

\_\_\_\_\_ City State Zip

Employer: \_\_\_\_\_

Profession/Occupation: \_\_\_\_\_

**Emergency Information**

Primary Emergency Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home: ( ) - Work: ( ) - Cell: ( ) -

Alternate Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home: ( ) - Work: ( ) - Cell: ( ) -

I/We want my/our child/children to be enrolled in **City of Faith Christian School Summer program** for the duration specified in the application. I permit my child/children to be involved in all organized recreational activities and trips, except those that I expressly exempt my child/children from. I/We also enclose **\$200.00 Commitment Fee**. \$100.00 is non-refundable and \$100.00 will be applied to the first week of summer school. I commit to paying all other fees agreed.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**STOP: Do Not Write in this Box; Office Use Only**

Registration Fee Paid. Receipt/Check #: \_\_\_\_\_  Date: \_\_\_\_\_

Summer: \_\_\_\_\_ Assigned Class: \_\_\_\_\_

Completed Medical Form Submitted

Meals Received at School:  Breakfast  Lunch  Snack