

Christ Church Preschool & Kindergarten

1412 Providence Road, Charlotte NC 28207
Phone 704-333-5818 Fax 704-333-4573
www.christchurchcharlotte.org/cck

For Office Use Only

Date Rcvd _____
Check # _____
Amount _____
ProCare _____

2019-2020 Kindergarten Application

Deadline: February 1, 2019 at Noon

CHILD'S NAME

FIRST MIDDLE LAST

Preferred Name _____ Gender F _____ M _____ Date of Birth _____

Home Address _____

Street City State Zip

Preferred Phone (_____) _____

Father's Name

First Middle Last

Father's Preferred Name _____

Father's Email Address _____

(_____) _____

Father's Cell Phone _____

Mother's Name

First Middle Last

Mother's Preferred Name _____

Mother's Email Address _____

(_____) _____

Mother's Cell Phone _____

Preschool Currently Attending: _____

Current Age Group at Preschool (4's/TK, etc.) _____

Does your child currently receive Speech, OT, etc. ? _____

Does your child have allergies or other medical concerns? _____

Enrollment Priority

Please check the statement that applies to your family. This information will be used to determine enrollment priority as outlined in the Christ Church Preschool & Kindergarten Family Handbook.

1. _____ Current Christ Church Preschool & Kindergarten Family & Current Christ Church Pledging Member
2. _____ Current Christ Church Preschool & Kindergarten Family
3. _____ Current Christ Church Pledging Member
4. _____ Former Christ Church Preschool & Kindergarten Family
5. _____ Non-Christ Church Member

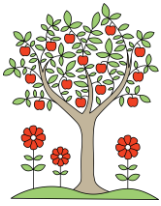
Christ Church Preschool & Kindergarten does not discriminate with regard to race, creed, color or religion.

\$100 Application Fee – Please make checks payable to "CCK"

Please Draft the \$100 Registration Fee (I have an account on file)

Refunded if child is not offered a place in the program

Teacher Recommendation Form & Gesell Testing results are due no later than February 1, 2019



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Teacher Recommendation Form 2019-2020

Deadline: February 1, 2019

CHILD'S NAME: _____

TEACHER'S NAME: _____

CURRENT SCHOOL: _____

WHICH OF THE FOLLOWING BEST DESCRIBE THIS CHILD? (Check all that apply)

<input type="checkbox"/> Confident	<input type="checkbox"/> Observant	<input type="checkbox"/> Completes tasks in a timely manner
<input type="checkbox"/> Enjoys large motor activity	<input type="checkbox"/> Shows self control	<input type="checkbox"/> Follows multi-step directions
<input type="checkbox"/> Patient	<input type="checkbox"/> Uses words to resolve conflict	<input type="checkbox"/> Cooperates with peers in the classroom
<input type="checkbox"/> Interacts well with peers	<input type="checkbox"/> Separates from parents easily	<input type="checkbox"/> Enjoys small motor activities
<input type="checkbox"/> Seeks help when needed	<input type="checkbox"/> Accepts responsibility for behavior	<input type="checkbox"/> Interacts well with adults
<input type="checkbox"/> Asks questions and participates in class	<input type="checkbox"/> Transitions easily from one activity to another	<input type="checkbox"/> Exhibits problem solving ability
<input type="checkbox"/> Completes tasks independently	<input type="checkbox"/> Able to verbalize wants and needs	<input type="checkbox"/> Can focus during large group instruction

Comments:

What are the first three words that come to mind to describe this child?

Please share the individual strengths of this student.
(Social, Emotional, Physical & Intellectual)

Please share some things that may prove difficult for this child.
(Social, Emotional, Physical & Intellectual)

Please share any further comments you think will help better describe this child.

Thank you for your time in completing this Teacher Recommendation Form. If we have any further questions, we would like to be able to contact you. Please provide your contact information below.

Name: _____ Email: _____

Position: _____ Phone Number: _____