COTI Community Christian School (CCCS)

A Ministry of Church of the Isles
206 23rd Ave. Indian Rocks Beach, FL 33785 Phone: 727-517-0775 Fax: 727-517-2795

NEW STUDENT ENROLLMENT

Child's name: _____
First MI Last

Address: _____ DOB: _____
Street Apt. #

_____ Home phone: _____
City State Zip

Child's Preferred Name / nickname: _____ Date of enrollment: _____

Are you a member of Church of the Isles? Yes / No

Child(ren) lives with: (circle) Mother / Father / Both / Other

Mother's name:_____

Email address: _____

Address: _____

_____

Cell and/or home phone: _____

Work Name: _____

Work Address: _____
(City)

Work Phone: _____

Father's Name:_____

Email address: _____

Address: _____

_____

Cell and/or home phone: _____

Work Name: _____

Work Address: _____
(City)

Work Phone: _____

EMERGENCY CONTACTS / AUTHORIZED PEOPLE TO PICK UP CHILD(REN):

Name: _____

Address: _____

_____

Phone: _____

Relationship to child: _____

Name: _____

Address: _____

_____

Phone: _____

Relationship to child: _____

Primary hours of care:

_____ Preschool FT 7:00am – 6:00pm

_____ Preschool PT 9:00am – 12:00pm

_____ VPK 9am – 12pm ____ VPK Before/After Care

_____ Elementary 9:00am – 3:00pm _____ B/A Care

My signature below verifies that the information on this enrollment form is complete and accurate; I have received the Pinellas County License Board children's center Brochure, *Know Your Child's Children's Center*, and a copy of CCCS's written disciplinary practices.

_____
Parent Signature Date

This application must be accompanied by a non-refundable registration fee of $100 for all children, except those enrolling in VPK only.