

**GENEVA CHRISTIAN SCHOOL**  
**1745 Kaneville Road; Geneva, IL 60134**  
**Phone: (630) 232-8533**  
**Preschool through Grade 5**  
**Miss Sherry Anast, Director**

OFFICE USE ONLY  
 \_\_\_\_/\_\_\_\_/\_\_\_\_ \$ \_\_\_\_ # \_\_\_\_  
 NOTES \_\_\_\_\_  
 CLASS \_\_\_\_\_ WAIT \_\_\_\_\_

**GENEVA CHRISTIAN SCHOOL**  
**NEW-FAMILY APPLICATION**  
**Please Complete Both Sides**

\_\_\_\_\_  
 Child's full name (first, middle, last) Sex \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Name child prefers to use: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
 Phone Number

\_\_\_\_\_  
 Fathers E-mail Address

\_\_\_\_\_  
 Mothers E-mail Address

\_\_\_\_\_  
 Child's Address City \_\_\_\_\_ Zip \_\_\_\_\_

Father's First Name: Mr., Dr., Rev. \_\_\_\_\_ Mother's First Name: Mrs., Ms., Dr. \_\_\_\_\_

\_\_\_\_\_  
 Address if different than above: \_\_\_\_\_ Address if different than above: \_\_\_\_\_

Home Phone #: (\_\_\_\_) \_\_\_\_\_ Home Phone #: (\_\_\_\_) \_\_\_\_\_

Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

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

Work Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Church/Pastor: \_\_\_\_\_ Church/Pastor: \_\_\_\_\_

- We wish our child to attend: Session choice is not guaranteed
- **(Please indicate 2nd and 3rd choice for Preschool and Pre-Kindergarten)**  
 \_\_\_\_ Preschool (Age 3) \_\_\_\_ AM \_\_\_\_ Mon \_\_\_\_ Tues/Thurs \_\_\_\_ Wed/Fri  
 \_\_\_\_ Pre-Kindergarten (Age 4) \_\_\_\_ AM \_\_\_\_ Tues/Thurs \_\_\_\_ Mon/Wed/Fri  
 \_\_\_\_ Kindergarten \_\_\_\_ AM \_\_\_\_ PM \_\_\_\_ Both  
 \_\_\_\_ Elementary Grade (1 – 5), (Please enter grade the student will be going into)

- We plan to pay: \_\_\_\_\_ Quarterly (3 Quarters) \_\_\_\_\_ Monthly (10 Months)
- We plan to continue our child's enrollment through: (This places you on the wait list for these classes, but does not obligate you in any way.)

\_\_\_\_ Preschool Only \_\_\_\_ Pre-Kindergarten \_\_\_\_ Kindergarten \_\_\_\_ Elementary (Enter Grade 1 – 5)  
 =====

- **Geneva Christian School** has my permission to administer first aid to my child, \_\_\_\_\_, in case of injury which does not appear to warrant calling his/her parent or doctor.  
 (Child's Name)

\_\_\_\_\_  
 Parent's Signature \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Date

- My child, \_\_\_\_\_, has my permission to attend field trips away  
(Child's Name)  
from school, during school hours. (This signature required for enrollment)

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

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

- =====
- **Geneva Christian School does / does not (circle one) have my permission to use photographs of my child for publicity purposes: newspaper, website, yearbook, newsletter, school displays, etc.**

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

\_\_\_\_\_  
Date

- Our child's previous school experience: \_\_\_\_\_

\_\_\_\_\_

- Our child's special interests, talents: \_\_\_\_\_

\_\_\_\_\_

- Our child's special needs, problems (list vision, hearing, speech, allergy, ADD, ADHD, and/or learning problems): \_\_\_\_\_

\_\_\_\_\_

- Will your child need any regular medication while at school? YES NO

- What is your child's attitude toward school and teachers? \_\_\_\_\_

- What is your child's attitude toward discipline? \_\_\_Normal \_\_\_Very sensitive

He/she responds best to: \_\_\_\_\_

Names Of Other Children	Sex	Age	School Attending/Grade
_____	M F	_____	_____
_____	M F	_____	_____
_____	M F	_____	_____
_____	M F	_____	_____

- Are you applying for the admission of all children of school age? \_\_\_Yes \_\_\_No  
If no, please state reasons:

\_\_\_\_\_

- Why do you want your child/children to attend **Geneva Christian School**?

\_\_\_\_\_

\_\_\_\_\_

- Comments and additional information: \_\_\_\_\_

\_\_\_\_\_

**This application form must be completed in every aspect and forwarded to the school office along with the application fee. Application cannot be processed until the completed form is received with the fee. ALL FEES AND TUITION ARE NON-REFUNDABLE.**

**Please send (1) Application Form (One for each student being enrolled) to school: (2) Check covering the application fee - \$50/Student (Monday only Preschool), \$100/Student (Preschool through Grade 5).**

The Geneva Christian School admits students of any race, color, national and 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 and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.