MARANATHA SCHOOLHOUSE SCHOOL APPLICATION FORM

(One form per child)

Child's name:	Current Grade:
DOB: (dd/mm/yy)/_/	Current Grade:Siblings? No Yes (ages)
If yes, please provide name(s):	
Parents/Guardians Contact Info: Full Names	
Is your child living full-time with both parents? $\hfill\Box$	
Mother's Cell: Mother's Work #: _	Mother's email:
Father's Cell: Father's Work #:	Father's email:
Child's Home Address:	D . 10.1
City:	_ Postal Code:
	On occasion Where?
Has your child ever been reported as having social	l challenges with other children? If so, please describe.
Is your child academically challenged in any way?	? If yes, please describe.
Other information that the School Administrator /	Educators should know:
interview, you will be informed of your application status. Usoon as possible, along with the initial deposit and curriculus been received. The information provided on this application safely locked on file at Maranatha Schoolhouse's office. By accurate information on this form and have received, read, a An initial curriculum fee of \$100 per child is due upon subcurriculum material. Additional purchase of curriculum material be notified well in advance of additional fees required, but to deposit of \$145 is also due with submission of the Registrat	48 hours of visiting with the Administrator / Educator for your initial Upon approval, the Registration Forms will need to be submitted as m fee detailed below. Space is not reserved until forms and monies have remains confidential regardless of application status, and will be kept signing below, the parent/guardian agrees that they have provided and are in agreement with, all the terms stated in the School Prospectus. mission of this application to cover the cost of the child's initial erial may occur throughout the school year, at which time parents will otal annual curriculum fees will not exceed \$200. A non-refundable tion Forms, which will be applied to the child's last week with sit will be forfeited if the child is withdrawn prior to start date.
Parent/Guardian Name (please print)	Date
Parent / Guardian's Signature	Administrator's Signature (upon approval)
Administration Use Only:	
	(date). Method of payment
☐ Non-refundable deposit of \$145 was received	
☐ All 3 admission forms signed and received (Application	• •