

# Charlie Keyan Armenian Community School

Չարլի Քեյան Համագաղութային Հայ Վարժարան

108 N. Villa Ave Clovis, CA 93612

Tel:(559) 323-1955 Fax:(559) 323-1959

## **EARLY REGISTRATION**

Dear Parents,

We wish to welcome you to the 2011 – 2012 school year at the Charlie Keyan Community School. The school year begins on Monday, August 22, 2011. We will again have the highest academic expectations for our students and our faculty will work hard to achieve this goal.

### **INFORMATION REGARDING REGISTRATION**

- \* You are receiving registration forms for each child along with the tuition schedule.
- \* Forms must be completed by the parents in order to be processed.
- \* Your child will only be admitted to school with a current signed and completed registration form.
- \* Immunization records must be current for registration.
- \* First Grade health check-up is necessary for children entering the first grade.
- \* **Early registration must be turned in to the office by June 6, 2011.**
- \* **In order to receive a 10% discount, tuitions must be paid in full by June 17, 2011. Discounts will not be given after June 17, 2011.**
- \* **Summer office hours are 8:00 a.m. – 12:00 noon Tuesday, Wednesday and Thursdays. The office will be closed during the month of July and first week of August. Messages will be checked on a weekly basis.**

We are looking forward to a wonderful academic year. Your early registration will facilitate any necessary preparations that can be accomplished during the summer months.

Thank you for your cooperation.

Respectfully,

Sophia Mekhitarian  
Principal

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## REGISTRATION FORM FOR 2011-2012 SCHOOL YEAR STUDENT INFORMATION

DATE OF REGISTRATION \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_

STUDENTS BIRTH DATE \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_

CITY OF BIRTH \_\_\_\_\_

MALE \_\_\_\_ FEMALE \_\_\_\_ GRADE LEVEL \_\_\_\_\_

PREVIOUS SCHOOL ATTENDED \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ MESSAGE PHONE \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_

FATHER'S OCCUPATION \_\_\_\_\_ FATHER'S WORK # \_\_\_\_\_  
FATHERS CELL# \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

MOTHER'S OCCUPATION \_\_\_\_\_ MOTHER'S WORK # \_\_\_\_\_  
MOTHER'S CELL# \_\_\_\_\_

### IN CASE OF EMERGENCY

NAME OF FRIEND OR RELATIVE \_\_\_\_\_

PHONE NUMBER OF RELATIVE (1) \_\_\_\_\_ (2) \_\_\_\_\_

STUDENT'S PHYSICIAN'S NAME & ADDRESS \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER \_\_\_\_\_