



Campus Application

All Campus Leadership Committee Members have read, will sign and adhere to

- *Agape's Statement of Faith
- *Agape's Statement of Morals
- *Agape's Mission Statement
- *Agape's Vision Statement
- *Agape's Bylaws
- *Agape's Campus Agreement

Furthermore all CLC members are committed to this campus for a minimum of one year.

*Name of Campus Chairman _____ Email _____ Phone _____

*Name of Campus Secretary _____ Email _____ Phone _____

*Name of Campus Treasurer _____ Email _____ Phone _____

Name of Campus Committee Member _____ Email _____ Phone _____

Name of Campus Committee Member _____ Email _____ Phone _____

*Campus District (General Location) _____

Campus Location/Facility _____

Campus Day(s) _____

Campus Time(s) _____

Expected Enrollment for first year - # of students or # of families _____

Campus Maximum Capacity - # of students or # of families _____

Campus Format: circle those that apply

Parent Led Co-op

Drop Off

Types of Classes: circle those that apply

Core Subjects

Enrichment

Special Needs

Age of Students: circle those that apply

Nursery 0-18 months

Tots 18 months - 3 yrs

Preschool 3-4 yrs

Kinders 4-5 yrs

6-7 yrs

8-10 yrs

11-13 yrs

14-18 yrs

Maximum Class Capacity _____

Types of Teachers: circle those that apply

Volunteers

Paid Instruction

Length of Semester(s)

8 weeks

10 weeks

12 weeks

Other: _____

Semester(s) per year June 1st - May 31st: circle those that apply

Fall

Winter

Spring

Summer

Fees: answer those that apply

Admin_____

Supplies_____

Church_____

Cleaning_____

Teachers_____

Other_____

Why are you interested in starting this campus?

What are some goals for this campus?

