

**CALVARY CHAPEL GREEN VALLEY
CHRISTIAN ACADEMY**
Phone: (702) 456-2422 Fax: (702) 456-2515

CCGV Pastoral Reference / Application for Member Discount

To be completed by applicant:

Father's Name

Mother's Name

Home Address _____ City _____ Zip _____ Home Phone _____

Student Name _____ Grade _____ Student Name _____ Grade _____

We actively attend the following service(s) at Calvary Chapel Green Valley:

Saturday 6:00 ___ Sunday 8:00 ___ Sunday 9:45 ___ Sunday 11:30 ___ Wednesday 6:00 ___

- I give my permission to release the Pastoral information requested below for admittance to CCGVCA.
- I give my permission to release the Pastoral information requested below, however, I **do** not want our tithe record verified and will decline the CCGVCA Member Discount.
- I would like to apply for the CCGVCA Member Discount. I understand that CCGV will confirm my attendance by verifying the activity of my tithe record.

Parent/Guardian Signature _____ Date _____

To Be Completed by Pastor or CCGV Ministerial Staff Leader:

- ◆ How long have you known this family? _____
- ◆ How well do you know the student? _____
- ◆ Parent's relationship to your ministry? Active Participant _____ Non-active _____
- ◆ Family's attendance? Regular _____ Occasional _____ Seldom _____

Which members of the family are, to the best of your knowledge, born again Christians?

- ◆ Father: Yes _____ No _____ Student's Name _____ Yes _____ No _____
- ◆ Mother: Yes _____ No _____ Student's Name _____ Yes _____ No _____

Which church activities do the applicants participate in? _____

Does the applicant have any problems of which we should also be aware? Yes _____ No _____

If yes, please explain _____

Please provide your general recommendation as to the applicant's qualifications for admission to CCGV.

Highly Recommend _____ Recommend _____ Hesitate to Recommend _____ Do Not Recommend _____

Signature _____ Date _____ Position _____

*******For CCGVCA Office Use*******

- Membership Discount Verified by: _____ Date: _____
- Unable to Verify Membership Discount: _____ Date: _____
- Family has been notified of Membership Discount results by _____ Date: _____