

Preschool Application Form	Date received: Fee paid:
APPLICATION DATE	
Enrollment for children ages 3-5 years, Monday, Wedn complete this form and remit a \$50 non-refundable ear \$75 non-refundable application fee (after April 1) to After month.	rly application fee (on or before April 1) or a
STUDENT INFORMATION	
Date of BirthGe	nder 🗌 Male 🔲 Female
Fees Paid Total Amount	Check Number
Person who received application	
Student's NamePro	eferred Name
Class/Teacher Assignment	
Home Address	
Home PhoneFa	
GUARDIAN INFORMATION	
Father's NameBu	siness Phone
Occupation/CompanyPo	sition/Title
Business Address	
Mother's NameBu	siness Phone
Occupation/CompanyPo	sition/Title
Business Address	
Marital Status Married Single	Divorced Widowed
Child lives with \Box Both parents \Box Mother \Box I	Father Other
Please list all siblings living in the household:	
NameDa	te of Birth
	te of Birth
	te of Birth
Namo	to of Rirth

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Preschool Application Form

MEDICAL INFORMATION	I			
Does your child have any	medical conditions (chr	onic illnesses or allergies)	
that we should be aware of?			Yes	☐ No
Does your child require medication for any condition?		☐ Yes	□ No	
If you answered <i>Yes</i> to e	ither of these questions,	please explain.		
Doctor's Name		Phone Number		
Is your child up to date c	on vaccinations?		Yes	
lf no, please provide ade	quate waivers.			
CHURCH INFORMATION				
Name of Church		Are you a member?	☐ Yes	□ No
Church Address				
Pastor's Name				
ADDITIONAL INFORMAT	ION			
		eschool? Please give nam	es where possible.	
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