APPLICATION FOR ENROLLMENT
2017/2018

Enrollment Date: _____

CHILD'S NAME _____
Last First Middle

DATE OF BIRTH _____
Month Day Year

ADDRESS _____
Street Address

_____
City Zip Code

MOTHER'S NAME _____

FATHER'S NAME _____

Home Phone: _____

Email: _____

Work Phone: _____

Cell Phone: _____

Work Phone: _____

Cell Phone: _____

RELIGIOUS AFFILIATION (Church you attend) _____

What previous preschool, group activities, etc. has your child experienced?

_____

_____

# of Days Attending : _____ [ ] M THRU F [ ] Half Day [ ] Full Day
_____ [ ]M [ ] W [ ]F
_____ [ ]T [ ]TH

----------*Office Use Only*----------

Registration Fee Paid: $ _____

1st Month Tuition Paid: $ _____

Copy Given to Parent [ ] Copy given to School Accountant [ ]