

FAITH PRESCHOOL

ENROLLMENT APPLICATION 2012-2013

Teacher/Session _____

CHILD'S NAME _____
(last) (first) (nickname)

CHILD'S ADDRESS _____ **PHONE** _____
(street) (city) (zip)

BIRTHDAY _____ **AGE** _____ **SEX** _____
— (mo.da.yr.)

FATHER'S NAME _____ **ADDRESS** _____

FATHER'S OCCUPATION/ADDRESS _____

FATHER'S PHONE _____ **BUSINESS/CELL** _____

MOTHER'S NAME _____ **ADDRESS** _____

MOTHER'S OCCUPATION/ADDRESS _____

MOTHER'S PHONE _____ **BUSINESS/CELL** _____

BROTHERS (Names & Ages) _____

SISTERS (Names & Ages) _____

HAS YOUR CHILD PREVIOUSLY ATTENDED PRE-SCHOOL? _____
(Specify)

KNOWN ALLERGIES _____

CHILD'S PHYSICIAN _____ **PHONE** _____
(Name) (Address)

ALTERNATE PERSON TO BE CONTACTED IN CASE OF ILLNESS OR EMERGENCY:

1. _____
— (name) (address) (phone) (relationship)

2. _____
(Name) (Address) (Phone) (Relationship)

DATE _____ **PARENT'S SIGNATURE** _____

TUITION:	3's A.M. CLASS (Tues/Thurs):	\$85.00 Monthly
	4 & 5 Pre-K –A.M. CLASS or P.M. CLASS (Mon/Wed/Fri):	\$105.00 Monthly
	5-Day Kindergarten Readiness A.M. Class (M-F)	\$175.00 Monthly
	2-Day Kindergarten Readiness A.M. Class (Tues/Thurs)-	\$85.00 Monthly

I grant consent for my name, address, and phone number to be included on a parent roster and made available upon request to any parent whose child is enrolled in the preschool.

DATE _____ *SIGNATURE* _____

REFERRED BY _____