

FAITH PRESCHOOL

ENROLLMENT APPLICATION 2008 - 2009

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 _____

REGISTRATION FEE; \$60.00 before 7/1 \$70.00 after 7/1 _____

TUITION: 2 DAY CLASS: \$85.00 Monthly

3-DAY CLASS: \$105.00 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 _____