

FAITH PRESCHOOL

ENROLLMENT APPLICATION 2010 - 2011

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; \$50.00 before 7/1 \$60.00 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 _____