

2019 Summer Preschool Admission Form

One application per child

Child's name _____ Nickname _____
Street Address _____ City _____
State _____ Zip _____
Birth date _____ Sex: Male Female
Father's name _____ Mother's name _____
Home phone # (Father) _____ (Mother) _____
Cell phone # (Father) _____ (Mother) _____
Work phone # (Father) _____ (Mother) _____
Email address: _____

List two emergency contact persons:

Name _____ Address _____ phone _____
Name _____ Address _____ phone _____

Please list persons authorized to pick up your child & a phone # for each contact:

Does your child have any special needs that we should be aware of? _____

Is your child fully immunized? Yes No

Does your child have any allergies that require prescribed medication? _____

Please list your child's physician _____

Clinic _____ Address _____ phone # _____

Please list your child's dentist _____

Address _____ phone # _____

Tuition and Schedule: \$120.00 - Wednesdays & Thursdays, June 5-27th from 8:30am - 12:00pm

ADMISSION AGREEMENT:

I have attached the **NON-REFUNDABLE \$15** registration and supply fee. I hereby agree to pay the tuition on or before June 5th, 2019.

Signed _____ Date _____

For office use: Amount paid _____ Check # for registration fee _____