



# CHRISTIAN FAMILY PRESCHOOL

## APPLICATION FOR ENROLLMENT

2023-2024

Preschool Registration fee: \$100 (Non- Refundable)

Attach Immunization Record or Exemption

Name of Child \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(Last) (First) (MI)

Child's Physical Address \_\_\_\_\_  
(Street Address) (City) (Zip Code)

Student must be of age prior to or on September 1st. Please check all that apply:

\_\_\_ 3 year room (Mandatory at least 3 days) [ ] Mon [ ] Tues [ ] Wed [ ] Thur [ ] Fri

\_\_\_ 4 year room (Mandatory at least 3 days) [ ] Mon [ ] Tues [ ] Wed [ ] Thur [ ] Fri

Tuition will be billed monthly.

### INFORMATION ABOUT THE FAMILY

Father/Guardian's Name \_\_\_\_\_ Home phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address (if different from child's) \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Work Phone \_\_\_\_\_

Siblings: Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

Email address to be used for newsletters and billing purposes \_\_\_\_\_

### INFORMATION ABOUT CHILD

Child lives with \_\_\_ Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other

Is your child actively involved in local church? \_\_\_ No \_\_\_ Yes Name of Church \_\_\_\_\_

Did your child attend a different program before this one? \_\_\_ No \_\_\_ Yes Name \_\_\_\_\_

Please provide any information concerning your child which would be helpful in social, recreational and academic activities \_\_\_\_\_

### Office Use Only:

Application Date \_\_\_\_\_ Fee Received \_\_\_\_\_ Date of Enrollment \_\_\_\_\_