



A MINISTRY OF CHURCH ON THE HILL

# Preschool Application 2010 – 2011

START DATE

CLASS

Student Name \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Decline: \_\_\_\_\_  
 Where does your family attend church? \_\_\_\_\_ Are you a member?  Yes  No

<u>Jr. 3 &amp; 3 years old</u>				<u>4 &amp; 5 years old (JK is 4 or 5 days only)</u>			<u>End Date</u>
<input type="checkbox"/> 2 Day	<input type="checkbox"/> 3 Day	<input type="checkbox"/> 4 Day	<input type="checkbox"/> 5 Day	<input type="checkbox"/> 3 Day	<input type="checkbox"/> 4 Day	<input type="checkbox"/> 5 Day	<input type="checkbox"/> 10 Months (ends June)
<input type="checkbox"/> Full Day		<input type="checkbox"/> Half Day		<input type="checkbox"/> Full Day		<input type="checkbox"/> Half Day	<input type="checkbox"/> 12 months (ends Aug)

Father/Legal Guardian: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (Hm) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 (Wk) \_\_\_\_\_ Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Mother/Legal Guardian: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone: (Hm) \_\_\_\_\_ (Cell) \_\_\_\_\_  
 (Wk) \_\_\_\_\_ Employer: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 E-mail: \_\_\_\_\_

Parent(s) are:  Married  Divorced  Separated  Widowed  Re-Married  Single

Child Resides With:  Both Parents  Father  Mother  Guardian  Split Custody

Billing Address:  Both Parents  Father  Mother  Guardian  Other

**I/We understand that a non-refundable registration fee of \$300 is due with this application.**

**Signatures of BOTH parents are REQUIRED unless one parent holds sole legal custody:**

\_\_\_\_\_  
 Father/Guardian Signature Date: \_\_\_\_\_

\_\_\_\_\_  
 Mother/Guardian Signature Date: \_\_\_\_\_

Office Use Only:

Application  Tuition/CheckFree Contract/Agreement  Statement of Faith  Statement of Agreement  Immunizations  
 Birth Certificate (if applicable)  Parents' Rights  Personal Rights  Physician's Report (if applicable)  Health History

Registration Fee Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check #: \_\_\_\_\_

