

APPLICATION FOR ADMISSION

CHILD'S FULL NAME _____ BIRTHDATE _____ GENDER: M F
(circle one)

STREET _____ CITY _____ ZIP _____

HOME PHONE _____

Father's Name _____

Mother's Name _____

Address _____

Address _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Employer _____

Employer _____

Employer's Address _____

Employer's Address _____

Employer's Phone _____

Employer's Phone _____

Usual Work Hours _____

Usual Work Hours _____

CHILD'S PHYSICIAN: _____ Address _____ Phone _____

EMERGENCY CARE (OTHER THAN PARENTS)

1. Name _____ PHONE _____

Address _____ RELATIONSHIP _____

2. Name _____ PHONE _____

Address _____ RELATIONSHIP _____

PLEASE LIST ANY SPECIAL NEEDS PERTINENT TO YOUR CHILD'S WELL-BEING AND ABILITY TO PARTICIPATE IN PRESCHOOL ACTIVITIES:

Choice of class for your child: (Please circle one)

3 year-old, two half days (8:45-11:30 a.m.)

4 year-old, three half days (8:45-11:30 a.m.)

4 year-old, three extended days (8:45 a.m.-1:30 p.m.)

(over to second side)

(Optional Application Information)

WHERE DID YOU FIRST LEARN OF THIS SCHOOL? _____

WHAT WAS THE DECISIVE FACTOR IN YOUR CHOICE OF THIS SCHOOL?

CHURCH AFFILIATION _____

PARENTS' MARITAL STATUS: Married Separated Divorced Widowed Single

OTHER CHILDREN IN YOUR HOME: _____

SIGNATURE REQUIRED

I agree that the information on the front and back sides of this form is correct and I wish to enroll my child in the Orland Park Christian Preschool.

Name of Child _____

Parent Signature _____

Date _____
