

First Friends Christian Preschool

Enrollment Application

Child's Name _____ Date of Birth _____ Gender _____

Address _____ City/Zip _____

Home Phone _____ Marital status of parents _____

Father/Guardian Name _____ Phone _____

Address (if different) _____ City/Zip _____

Employer Name _____ Phone _____ Working Hrs. _____

Employer Address _____ City/Zip _____

Mother/Guardian Name _____ Phone _____

Address (if different) _____ City/Zip _____

Employer Name _____ Phone _____ Working Hrs. _____

Employer Address _____ City/Zip _____

Child's Physician _____ Phone _____ City _____

Allergies _____

Please mark the session you prefer:

____ M/W/F 9:00-11:30 a.m. 4 year olds

____ M/W/F 12:15-2:45 p.m. 3 and 4 year olds

____ T/Th 9:00-11:30 a.m. 3 year olds

Emergency Contacts (other than parent/guardian)

Name

Address

Phone Number

1. _____

2. _____

3. _____

Persons Authorized to Pick Up Your Child (ID required)

Name

Address

Phone Number

1. _____

2. _____

3. _____

Parent/Guardian Signature

Date