

# First Friends Christian Preschool Enrollment Application

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Child's Sex \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Marital Status of Parents \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_ Working Hrs. \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Employer's Name \_\_\_\_\_ Phone \_\_\_\_\_ Working Hrs. \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_ Address/City \_\_\_\_\_

Allergies: \_\_\_\_\_

Please mark the session you would prefer.

\_\_\_\_\_ M/W/F 9:00 — 11:30 am—4 year olds

\_\_\_\_\_ M/W/F 12:15 — 2:45 pm — Pre Kindergarten

\_\_\_\_\_ T/TH 9:00 — 11:30 am 3 year olds

## EMERGENCY CONTACTS (other than parent/guardian)

Name	Address.	Phone
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## PERSONS AUTHORIZED TO PICK UP YOUR CHILD (ID required)

Name	Address.	Phone
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Parent / Guardian Signature

\_\_\_\_\_

Date