COMMUNITY PRESBYTERIAN CHURCH PRESCHOOL
APPLICATION FOR ENROLLMENT

Child _____
Last Name First Middle

Birth Date _____ Sex _____ Name child should be called _____

Parent ( ) or Guardian ( ):

Father's Name _____ Phone _____

Home Address _____ Email _____

Mother's Name _____ Phone _____

Home Address _____ Email _____

May we call you at work if we have a question regarding this application? _____

Father's Work Phone_____ Mother's Work Phone _____

Brothers and Sisters _____
(names and ages)
Are any of the above currently attending CPC Preschool?_____

Are parents of applicant members of Community Presbyterian Church?_____

I understand that my $65.00 Application Fee is non-refundable if my child is accepted into the school. State licensing requires that all children be toilet trained.

_____
Parent or Guardian's Signature

Please indicate your first and second choice for the program for which you are applying:

Three Year Old Program (Must be 3 by September 1)

Monday, Wednesday, Friday 9:00-11:30 A.M.

Pre-K Program (Must be 4 by September 1)

Mondays, Wednesday, Friday 9:00-11:30 A.M.

Monday through Friday 9:00-11:30 A.M.

Please return this form with the $65.00 Application Fee to the appropriate Registrar.

FOR OFFICE USE ONLY:

Date of Application _____ Deposit Received _____

Application No. _____ Date Admitted _____

Fee Enclosed _____ Date Withdrawn _____