

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 _____

Father's Work Phone _____ Mother's Work Phone _____

Father's Cell Phone _____ Mother's Cell Phone _____

Preferred method of contact (i.e., home phone or mother's cell 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 \$75.00 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 circle the class for which you are applying:

2 ½ Year Old Program (Must be 30 months old by September 1)
Tuesday and Thursday 9:00-11:00 A.M.

3 Year Old Program (Must be 3 by September 1)
Monday, Wednesday, Friday 8:45-11:15 A.M.

Pre-K Program (Must be 4 by September 1)
4 day – Monday through Thursday 8:45-11:15 A.M.
5 day - Monday through Friday 8:45-11:15 A.M.

Please return this form with the \$75.00 Application Fee to the church office.

FOR OFFICE USE ONLY:

Date of Application _____ Deposit Received _____

Application No. _____ Date Admitted _____

Fee Enclosed _____ Date Withdrawn _____