

Putnam Church Preschool Application for Enrollment

TODAY'S DATE: _____

Child's Full Name: _____

Child's Date of Birth: _____ Gender: (Please circle) Male Female

Putnam Church Preschool requires that a child be completely potty trained and 3-years-old by August 1st.

PARENT/GUARDIAN #1

Name _____ Home Phone _____

Home Address _____ Cell Phone _____

City/ State/ Zip _____ Lives with student? Yes No

Email Address _____

Relationship to Student _____

Employer/Occupation _____ Work Phone _____

PARENT/GUARDIAN #2

Name _____ Home Phone _____

Home Address _____ Cell Phone _____

City/State/Zip _____ Lives with student? Yes No

Email Address _____

Relationship to Student _____

Employer/Occupation _____ Work Phone _____

Other than parents, CHILD WILL BE RELEASED ONLY TO PERSONS INDICATED BELOW. (Must include at least TWO local persons to call for illness, accident, late pick-up, or other emergencies.) Please list in order of preference for us to contact.

Name _____ Home Phone _____

Home Address _____ Cell Phone _____

City/State/Zip _____ Work Phone _____

Relationship to Student _____

Name _____ Home Phone _____

Home Address _____ Cell Phone _____

City/State/Zip _____ Work Phone _____

Relationship to Student _____

Has your child attended preschool before? ___ Yes ___ No If yes, where? _____

Does your child have any special physical conditions or allergies we should be aware of? ___ Yes ___ No

If yes, please explain: _____

Name and ages of other children in the family: _____

***FOR OFFICE USE ONLY: Date received _____ Time _____ Cash or Check# _____ ***