

**ADMISSION INFORMATION (to be completed by a parent or guardian)**

Child's Name: \_\_\_\_\_ Birth date \_\_\_\_\_  
LAST FIRST MIDDLE MALE/FEMALE

Address: \_\_\_\_\_ Home phone \_\_\_\_\_  
 Living at home with child? If no, list home phone

Father's Name: \_\_\_\_\_ YES / NO \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_  
 Living at home with child? If no, list home phone

Mother's Name: \_\_\_\_\_ YES / NO \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ Work phone \_\_\_\_\_ Cell \_\_\_\_\_

Permission to allow Address and Phone number to be printed in Preschool Directory YES / NO

Person primarily responsible for child while at school: \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

Additional Emergency or Release Contacts: Children will NOT be released to any other person without written permission.

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Contact #1 \_\_\_\_\_ Contact #2 \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Contact #1 \_\_\_\_\_ Contact #2 \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Contact #1 \_\_\_\_\_ Contact #2 \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Contact #1 \_\_\_\_\_ Contact #2 \_\_\_\_\_

Name: \_\_\_\_\_ Relation \_\_\_\_\_ Contact #1 \_\_\_\_\_ Contact #2 \_\_\_\_\_

Name of Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Name of Dentist: \_\_\_\_\_ Phone \_\_\_\_\_

**CONTRACT**

My child is enrolled \_\_\_\_\_ mornings a week. Monthly tuition \$ \_\_\_\_\_ is due by the end of preschool operating hours on or before the 10<sup>th</sup>. A \$25.00 LATE CHARGE will be charged on tuition paid after the 10<sup>th</sup> of the month. PAST DUE accounts not paid by the end of the month will incur an additional \$25.00 PAST DUE CHARGE.

Signature of Parent(s) or Guardian(s) \_\_\_\_\_ Date \_\_\_\_\_

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