

ADVENT PRESBYTERIAN PRESCHOOL/PDO
Enrollment Form 2018-2019

FOR OFFICE USE ONLY	
Date Entering	Age Group:
Date Visited:	Days (Please circle) Mon/Tues/Wed/Thurs
Fees Paid:	Entered in System:
Teacher:	Shot Record Received:

Please indicate desired days: Monday/Tuesday/Wednesday/Thursday

STUDENT INFORMATION

DATE OF BIRTH _____

Child's Name (First,Middle,Last): _____

Male _____ **Female** _____

Race: Caucasian Asian Hispanic African American Other _____

Address: _____

City/State: _____ **Zip:** _____

Phone Number: _____

FAMILY INFORMATION

Father's Name: _____

Address (if different from child): _____

City/State: _____ **Zip:** _____

Employer: _____

Work #: _____ **Cell#:** _____

Email: _____

Mother's Name: _____

Address (if different from child): _____

City/State: _____ **Zip:** _____

Employer: _____

Work #: _____ **Cell #:** _____

Email: _____

Parents are: Married _____ Separated _____ Divorced _____

Applicant lives with: Both _____ Mother _____ Father _____ Other _____

Other children in the family and ages: _____

Where did you hear about our Preschool? Friend _____ Radio _____ Other _____

CARPOOL & CHECKOUT INFORMATION

Please indicate persons, other than parents, authorized to pick up your child from school.

Name: _____ Relationship _____ Phone _____
Name: _____ Relationship _____ Phone _____
Name: _____ Relationship _____ Phone _____
Name: _____ Relationship _____ Phone _____

EMERGENCY INFORMATION

Please indicate persons authorized to act for parent in the event parents cannot be reached:

Name: _____ Relationship _____ Phone _____
Name: _____ Relationship _____ Phone _____
Name: _____ Relationship _____ Phone _____

Name of Physician: _____
Phone#: _____

HELPFUL INFORMATION

Is your child toilet trained: _____

Any Particular Fears: _____

Has your child ever attended a school/child care facility: Yes No

If yes, where: _____

To help us become better acquainted with you and your child, is there any other information which you feel may be helpful:

Church Membership: _____

ADMISSION INFORMATION

- Priority admittance criteria: Student's currently enrolled in Advent Presbyterian Church/PDO, Siblings of current students, Advent Presbyterian Church members then Public
- Age guidelines: The age determination cut off date is August 15. If you child starts the toddler class at 15 months, please realize the future class cut-off date will still be adhered to.
- It is my responsibility to notify the Advent Presbyterian Preschool/PDO Office of any changes in information on this application.

NON-DISCRIMINATION POLICY

Advent Presbyterian Preschool/PDO admits qualified students of any race, color, and national or ethnic origin.

I/We submit this application with an understanding and acceptance of all rules, conditions, and requirements of Advent Presbyterian Preschool/PDO. My/Our signature indicates that the information on this application is correct and complete. In the event of an emergency, I grant permission for the preschool/pdo program director or person in charge to secure medical attention for my child.

Signature of Parent _____ Date: _____