

**ADVENT PRESBYTERIAN PRESCHOOL/PDO**  
**Enrollment Form 2021-2022**

<b>FOR OFFICE USE ONLY</b>	
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: \_\_\_\_\_