FIRST FOUNDATIONS PRESCHOOL

STUDENT ENROLLMENT FORM

STUDENT INFORMATION – PLEASE PRINT

Child's Full Name_____
First Middle Last

Name that you would like your child's teacher/classmates to use :_____

Parent's Name:_____ _____ Phone Number:_____
(Mother's Name) (Father's Name)

Current Age:_____ Sex: ☐F ☐M Date of Birth:_____ Is your child potty trained?_____

Has your child had prior preschool experience?_____

If yes, where, when and for how long?_____

Preference for days to attend preschool: (Check box that applies)

☐MWF ☐T/TH ☐5 Day 4-Year-Old Class

☐5 Day Kinder-Bridge Program (Children must be 5 by Sept. 1) ☐ Kindergarten

ADDITIONAL INFORMATION

List all other children in the household: (If more space is need, use a separate sheet)

Name _____Birthday _____ Name_____ Birthday _____

Name _____Birthday _____ Name_____ Birthday _____

What church do you attend? _____

Church's denomination: _____ Do you attend regularly? _____

Where did you hear about First Foundations Preschool?_____

Please write a brief statement on why you have chosen First Foundations Preschool and what your expectations are for your child. _____

_____

_____

I hereby release First Foundations Preschool from medical liability due to any illness or injury occurring during my child's attendance at and participation in First Foundations Preschool. I give permission for my child to go on sponsored field trips and release First Foundations Preschool, its officers, employees and its agents from any liability. I will not hold the school financially responsible for the emergency care and/or transportation of said child.

_____ _____
Parent/Guardian Signature Date

Office Use Only: Check #_____ Cash_____ Date_____ Class_____

Application/Health Fee Pd. $ _____ Book/Material/Rental Fee Pd. $_____ Total Pd. $_____

May Payment: Check(s) #_____ Paid/Post-Dated for: _____ Amt. Pd.$_____

Aug. Payment: Check(s) #_____ Paid/Post-Dated for: _____ Amt. Pd.$_____

Apply to: _____