



# KINDERGARTEN APPLICATION

DATE OF APPLICATION \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age by Sept. 30 \_\_\_\_\_

Name to be used (if different from first name) \_\_\_\_\_ Sex \_\_\_\_\_ M/F

Street Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Name Previous School/Program and Year(s) attended \_\_\_\_\_

How Did You Learn of Our Program? \_\_\_\_\_

Siblings Attend(ed)? \_\_\_\_\_

## **Family Information**

Father \_\_\_\_\_ Place Employed \_\_\_\_\_ Phone \_\_\_\_\_

Cell \_\_\_\_\_

Mother \_\_\_\_\_ Place Employed \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Marital Status of Parents (Circle) Married Separated Divorced Single Parent w/custody

Both Parents Living At Home Yes /No

Legal Guardian (if not parents) \_\_\_\_\_

Person(s) Responsible for Child's Tuition \_\_\_\_\_

Names and Ages of Other Children \_\_\_\_\_

Church Membership/Affiliation \_\_\_\_\_

## **Complete Reverse Side**

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### OFFICE USE ONLY

Place of Birth \_\_\_\_\_ Birth Certificate Number \_\_\_\_\_

Birth Date Verified \_\_\_\_\_ Date Issued \_\_\_\_\_

Student Health Record on file \_\_\_\_\_



# ***AUTHORIZATION FORM***

Kindergarteners are dismissed daily by the teacher at our school entrance. Please list those persons authorized to pick up your child. Identification will be required by persons not known to the school.

Child's name \_\_\_\_\_

Authorized person(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent/Guardian's signature \_\_\_\_\_

Date \_\_\_\_\_