



**JACK & JILL PRESCHOOL
Application For Enrollment**

School Year 20__ - 20__

Five Mornings _____

Three Afternoons _____

CHILD'S NAME _____ Sex _____ Birth date _____

NAME CHILD IS USUALLY CALLED _____

ADDRESS: Street _____ Phone _____

City _____ State _____ Zip Code _____

MOTHER'S NAME _____ Employment _____

MOTHER'S ADDRESS: Street _____ Phone _____

City _____ State _____ Zip Code _____

FATHER'S NAME _____ Employment _____

FATHER'S ADDRESS: Street _____ Phone _____

City _____ State _____ Zip Code _____

PARENTS' CHURCH MEMBERSHIP _____

Names and ages of other children in your family _____

Does your child have any physical or emotional handicap? _____

Is your child potty-trained? _____

Please give the name, address and phone number of your child's doctor:

Name _____ Address _____ Phone _____

Does your child have an allergy? _____ Please specify _____

Phone number where you can be reached during Preschool hours:

Mother _____ Father _____ Another phone number and name to contact in case of an emergency _____

In signing this application, do you authorize the teacher in charge to take your child to another medical doctor in case of emergency in which both parents and your child's doctor are not available? _____

Do you wish to participate in a car pool? _____

Amount enclosed \$ _____ Please make check payable to FIRST FEDERATED CHURCH

Date _____ Signed _____

For office use only:

Reg. Fee ____ H.F. ____ P.U. ____ D.P. ____ F.T.P. ____ E.C. ____ P.P. ____ Tuition ____