

Newcastle Christian Church Preschool

Enrollment Form

Child's Name _____
Age _____ Birthdate ____/____/____ Sex: Female or Male
Potty Trained – Yes _____ No _____ Working On _____
Address _____
City _____ State _____ Zip Code _____
Date of Application _____ Enrollment School Year _____
Church you attend _____

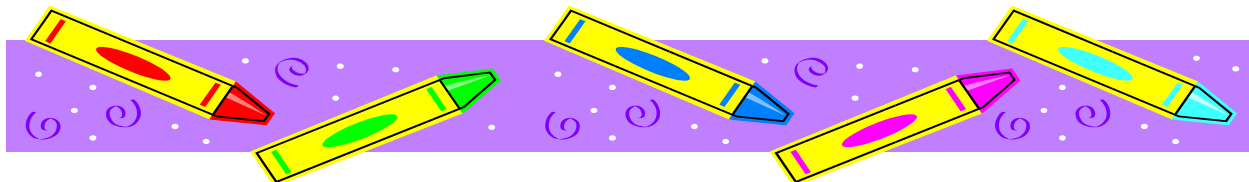
Father's Name _____ Home Phone _____
Email Address _____
Address _____ Cell Number _____
City _____ State _____ Zip Code _____
Place of Employment _____ Work Phone _____
Business Address _____ Work Hours _____

Mother's Name _____ Home Phone _____
Email Address _____
Address _____ Cell Number _____
City _____ State _____ Zip Code _____
Place of Employment _____ Work Phone _____
Business Address _____ Work Hours _____

Parent/Guardian with Legal Custody _____
Parents are Married _____ Living Together _____ Divorced _____
Separated _____ Widowed _____ Single _____

Siblings:

Name _____ Age _____
Name _____ Age _____
Name _____ Age _____
Name _____ Age _____



Emergency Contact Numbers (other than Parent or Guardian)

Name _____ Relationship _____
Number _____

Name _____ Relationship _____
Number _____

Persons Authorized to pick up my child (besides parents, guardians, or emergency pick-ups)

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

Substitute Teaching

At the preschool we depend on parental support in substitute teaching, paid position. Please fill out if you are available and your name will be added to our Substitute List. Name _____

Days available to substitute: Tuesday _____ Thursday _____

Special information about your child.

Any known allergies to food: _____

Medical conditions to be aware of: _____

To complete this enrollment you will need the following:

A current copy of your child's immunization records and birth certificate and a onetime non-refundable enrollment fee.

