

# Newcastle Christian Church Preschool

## Enrollment Form

Child's Name \_\_\_\_\_  
Age \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex \_\_\_\_\_  
Potty Trained – Yes \_\_\_\_\_ No \_\_\_\_\_ Working On \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Date of Application \_\_\_\_\_ Enrollment School Year \_\_\_\_\_  
Church you attend \_\_\_\_\_

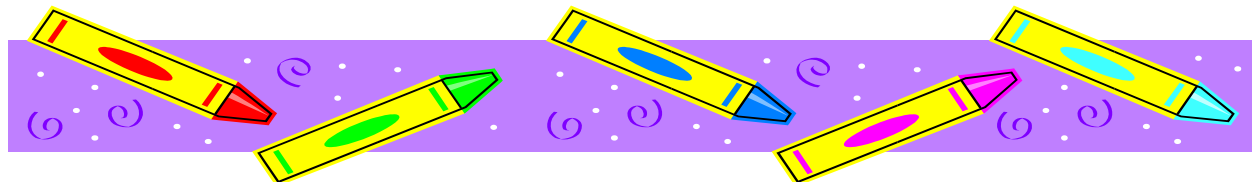
Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Email Address \_\_\_\_\_  
Address \_\_\_\_\_ Cell Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Work Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Work Hours \_\_\_\_\_

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 \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Number \_\_\_\_\_ Cell 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. A one-time \$60.00 non-refundable enrollment fee.

