



**ST. GEORGE PRESCHOOL ACADEMY**  
**43816 Woodward Avenue**  
**Bloomfield Hills, MI 48302**  
**Phone: (248) 456-1901 Fax: (248) 335-2883**  
**stgeorgepreschoolacademy@gmail.com**

## **ENROLLMENT APPLICATION INFORMATION**

### **CHILD INFORMATION**

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian's Names: \_\_\_\_\_

Child's Address: \_\_\_\_\_

Parent/Legal Guardian's Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Legal Guardian's Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Circle Program to Attend:       Preschool (Half Day)       Preschool (Full Day)       Kindergarten (Full Day Only)

Circle Days to Attend:       MON     TUES     WED     THU     FRI      Arrival Time: \_\_\_\_\_ Departure Time: \_\_\_\_\_

Contracted Amount: \_\_\_\_\_ Monthly Payment: \_\_\_\_\_

Circle if you would like Autopay:       Yes       No      Last 4 digits of credit card: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For Office Use Only:

Date Application Received: \_\_\_\_\_ Date Deposit Received: \_\_\_\_\_