

# FPC PRESCHOOL ENROLLMENT FORM

School Term: \_\_\_\_\_

## Student's Information

Student's Name:	_____	_____	_____	_____
	Last	First	Middle	Suffix
Preferred Name:	_____	Title _____	Grade Level: _____	
Date of Birth:	_____	Gender: _____		

## Primary Family Information

Address Line 1:	_____			
	_____	_____	_____	_____
	City	State	Zip Code	
Home Phone 1:	_____	<input type="checkbox"/> Okay to list		
E-Mail Address:	_____	<input type="checkbox"/> Okay to list		

## Father's Information

Father's Name:	_____	_____	_____	_____
	Last	First	Middle	Suffix
Preferred Name:	_____	Title: _____	E-Mail Address: _____	
Cell Phone:	_____	Pager: _____		
Company Name:	_____	Job Title: _____	Emergency Contact: <input type="checkbox"/>	
			Allowed to pick up child: <input type="checkbox"/>	
Business Phone 1:	_____	Ext. _____	Business Phone 2: _____	Ext. _____
Business E-Mail:	_____		Fax: _____	

## Mother's Information

Mother's Name:	_____	_____	_____	_____
	Last	First	Middle	Suffix
Preferred Name:	_____	Title: _____	E-Mail Address: _____	
Cell Phone:	_____	Pager: _____		
Company Name:	_____	Job Title: _____	Emergency Contact: <input type="checkbox"/>	
			Allowed to pick up child: <input type="checkbox"/>	
Business Phone 1:	_____	Ext. _____	Business Phone 2: _____	Ext. _____
Business E-Mail:	_____		Fax: _____	

## Secondary Family Information

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

County

Home Phone 1: \_\_\_\_\_  Okay to list Home Phone 2: \_\_\_\_\_  Okay to list

## Father's Information

Father's Name: \_\_\_\_\_  
Last First Middle Suffix

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone 1: \_\_\_\_\_ Ext. \_\_\_\_\_

Emergency Contact:   
Allowed to pick up child:

## Mother's Information

Mother's Name: \_\_\_\_\_  
Last First Middle Suffix

Preferred Name: \_\_\_\_\_ Title: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Business Phone 1: \_\_\_\_\_ Ext. \_\_\_\_\_ Business Phone 2: \_\_\_\_\_ Ext. \_\_\_\_\_

Emergency Contact:   
Allowed to pick up child:

## Emergency Information

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### Medical Contacts

Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Hospital: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

### Pickup Information

(People Authorized to pickup children from school)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Returning Family \_\_\_\_\_ Attended Last \_\_\_\_\_ MDO/KDO Family \_\_\_\_\_

Church Member \_\_\_\_\_ New Family How did you hear about us \_\_\_\_\_

Beginner children must be 3 years old and potty trained by Aug. 31st.; Pre-Kindergarten children must be 4 years old by Aug. 31st

WE WILL DO OUR BEST TO GIVE YOU YOUR FIRST CHOICE FOR PLACEMENT, BUT WE CAN NOT ALWAYS ACCOMODATE  
 PLEASE INDICATE YOUR 1ST, 2ND AND 3RD CHOICES:

BEGINNER SESSIONS: \_\_\_\_\_  
 Tues./Thurs. Mon./Wed./Fri. Mon./Wed./Fri.  
 A.M. 9:00-11:30 A.M. 9:00-11:30 P.M. 12:30- 3:00

PRE-K SESSIONS: \_\_\_\_\_  
 Mon./Tues./Wed./Thurs./Fri. Mon./Wed./Fri. Mon./Tues./Wed./Thurs./Fri. Mon./Wed./Fri.  
 A.M. 9:00-11:30 A.M. 9:00-11:30 P.M. 12:30- 3:00 P.M. 12:30- 3:00

### OFFICE USE ONLY:

Registration Fee Paid: First Child \_\_\_\_\_ Second Child \_\_\_\_\_  
 Check # or Rcpt. # \_\_\_\_\_

