

APPLICATION FOR ADMISSION

STUDENT:

Age by Sep 1st : 2 3 4 _____

FULL NAME: _____ MALE FEMALE
FIRST MIDDLE LAST

HOME ADDRESS: _____ BIRTH DATE: _____

CITY, STATE, ZIP: _____

TELEPHONE # _____ WITH WHOM IS STUDENT CURRENTLY LIVING? _____

EMAIL: _____ WHO IS THE CHILD'S LEGAL GUARDIAN? _____

PLEASE MARK ALL APPROPRIATE BOXES

Parents Married Parents Divorced Parents Separated Father Remarried Mother Remarried Father Deceased Mother Deceased

WHAT CHURCH IS YOUR FAMILY CURRENTLY ATTENDING OR AFFILIATED WITH? _____

PLEASE NOTE: INFUSION CHRISTIAN PRESCHOOL ADMITS STUDENTS OF ALL FAITHS. HOWEVER, BY ENROLLING YOUR STUDENT AT INFUSION CHRISTIAN PRESCHOOL, YOU ARE AGREEING THAT YOUR CHILD MAY BE TAUGHT BIBLE STORIES, SONGS & PRAYERS.

HAS YOUR CHILD EVER ATTENDED PRESCHOOL, IF SO WHERE: _____ PHONE () _____

WHY DID YOU LEAVE? _____

PLEASE LIST ALL MEDICAL, PSYCHOLOGICAL, LEARNING OR OTHER DIFFICULTIES THAT YOU ARE AWARE OF:

MOTHER/GUARDIAN:

MOTHER'S/GUARDIAN/S NAME: _____

HOME ADDRESS (if different from applicant): _____

HOME #: _____ WORK #: _____ CELL #: _____

OCCUPATION/NAME OF COMPANY: _____

BUSINESS ADDRESS _____

CITY, STATE, ZIP: _____

FATHER/GUARDIAN:

FATHER'S/GUARDIAN/S NAME: _____

HOME ADDRESS (if different from applicant): _____

HOME #: _____ WORK #: _____ CELL#: _____

OCCUPATION/NAME OF COMPANY: _____

BUSINESS ADDRESS: _____

HOW DID YOU LEARN ABOUT INFUSION CHRISTIAN PRESCHOOL?

INFUSION CHRISTIAN PRESCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, NATIONALITY OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS ADMISSION POLICIES, EDUCATIONAL POLICIES, OR ANY OTHER SCHOOL-ADMINISTERED PROGRAMS.

DATE: _____

PARENT SIGNATURE: _____