

# First Friends Christian Preschool

## Enrollment Application

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Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ City/Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Marital status of parents \_\_\_\_\_  
Email \_\_\_\_\_

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Father/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City/Zip \_\_\_\_\_  
Employer Name \_\_\_\_\_ Phone \_\_\_\_\_ Working Hrs. \_\_\_\_\_  
Employer Address \_\_\_\_\_ City/Zip \_\_\_\_\_

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Mother/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address (if different) \_\_\_\_\_ City/Zip \_\_\_\_\_  
Employer Name \_\_\_\_\_ Phone \_\_\_\_\_ Working Hrs. \_\_\_\_\_  
Employer Address \_\_\_\_\_ City/Zip \_\_\_\_\_

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Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_ City \_\_\_\_\_  
Allergies \_\_\_\_\_

Please mark the session you prefer:

\_\_\_\_ M/W/F 9:00-11:30 a.m. 4 year olds

\_\_\_\_ T/Th 9:00-11:30 a.m. 3 year olds

As enrollment increases an afternoon 4 year old class could be offered.

### Emergency Contacts (other than parent/guardian)

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

### Persons Authorized to Pick Up Your Child (ID required)

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date