

# Maple Methodist Preschool

## Application Form 2 Year Old Program

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

Child's Preferred Name: \_\_\_\_\_ Home Phone \_\_\_\_\_

Address: \_\_\_\_\_

E-mail \_\_\_\_\_ (city) \_\_\_\_\_ (zip code) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_

List any previous school experience: \_\_\_\_\_

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Parent 1's Name \_\_\_\_\_

(or guardian) (last) (first) (middle)

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status \_\_\_\_\_

Business Address: \_\_\_\_\_

(street) (city) (zip code)

Business Phone \_\_\_\_\_ Hours of Employment \_\_\_\_\_

Name of Church attended \_\_\_\_\_ Member yes \_\_\_ no \_\_\_

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Parent 2's Name \_\_\_\_\_

(or guardian) (last) (first) (middle)

Address \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status \_\_\_\_\_

Business Address: \_\_\_\_\_

(street) (city) (zip code)

Business Phone \_\_\_\_\_ Hours of Employment \_\_\_\_\_

Name of Church attended \_\_\_\_\_ Member yes \_\_\_ no \_\_\_

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Siblings: (names & ages) \_\_\_\_\_

Class time will be: **AM**

Parent Signature: \_\_\_\_\_

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Check # \_\_\_\_\_ Fee Paid \_\_\_\_\_ Date enrollment \_\_\_\_\_ Discharge \_\_\_\_\_