

Maple Methodist Preschool

Application Form

3/4 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: _____

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 ___

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 ___

Siblings: (names & ages) _____

Class choice: **Tu-W-Th 8:30-10:30AM** _____ **M-W-Fr 8:30AM-10:30AM** _____

Parent Signature: _____

Check # _____ Fee Paid _____ Date enrollment _____ Discharge _____