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 day and time: **Tu-W-Th 8:30-11:00AM**

Parent Signature: _____

****

Check #_____ Fee Paid _____ Date enrollment_____ Discharge_____

Maple Methodist Preschool

Application Form

PreK 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 day and time: **Tu-We-Th 8:30 AM – 11:30 AM** Monday extension day? **Yes** **No**

Parent Signature: _____

****

Check #_____ Fee Paid _____ Date enrollment_____ Discharge_____