

**Gloryland Preschool**  
**20\_\_ - 20\_\_ ENROLLMENT FORM**

Name of Child: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Birthday: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Sex: Male or Female

Primary Language Spoken at Home: \_\_\_\_\_

Religion: \_\_\_\_\_ Home Church: \_\_\_\_\_

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**Parent Information**

Parent's Names: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Widowed

Father's Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-mail \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Name and Address of Legal Guardian (if other than parent): \_\_\_\_\_

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**Child's Class** (please check one)

\_\_\_\_\_ MW (2) 9:30-11:30 am

\_\_\_\_\_ MWF (4) 9:00-11:30 am

\_\_\_\_\_ T,TH (2) 9:30-11:30 am

\_\_\_\_\_ MWF (4) 12:30-3:00 pm

\_\_\_\_\_ F Enrichment (2) 9:30-11:30 am

\_\_\_\_\_ MTWRF (PK) 9:00-11:30 am

\_\_\_\_\_ MWF (3) 9:00-11:30 am

\_\_\_\_\_ T,TH (3) 9:00-11:30 am

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

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**Office Use Only**

Enrollment Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Withdrawal Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date received: \_\_\_\_\_

Enrollment Letter Sent: \_\_\_\_\_

Check Number: \_\_\_\_\_

Class Assigned: \_\_\_\_\_