

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: _____

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): _____

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: ____ - ____ - ____

Office Use Only

Enrollment Date: ____ - ____ - ____

Withdrawal Date: ____ - ____ - ____

Date received: _____

Enrollment Letter Sent: _____

Check Number: _____

Class Assigned: _____