



Application Form – 2025-2026

Please return to school administrator

Office Use Only
Amt. Paid
\$ _____
Check/Cash

Date ___/___/___

Please circle the program of your choice: (All classes are 9:00-12:00 noon).

3Yr Old (2 Days) TTH
\$1,710/yr. \$190/mo.

4/5Yr Old (3 Days) MWF
\$2,610/yr. \$290/mo.

Full Name of Child _____

First Middle Last

Home Telephone _____ Nickname _____

Full Address _____

Street City State Zip code

Mailing Address _____

(If Different) Street City State Zip code

Age as of Sept. 30 _____ Birthday ___/___/___ Church Affiliation _____

Gender _____ Ethnicity _____ Primary Language _____

Family Information: _____

Additional children in family (names and ages) _____

Father/Guardian's Name _____ Email _____

Place of Employment _____ City/State _____

Position _____ Work Phone _____ Cell Phone _____

Address (if different from child) _____

Mother/Guardian's Name _____ Email _____

Place of Employment _____ City/State _____

Position _____ Work Phone _____ Cell Phone _____

Address (if different from child) _____

Marital Status of Parents: Married Separated Divorced Never Married Widowed

Step Parent _____ Email _____

Place of Employment _____ City/State _____

Position _____ Work Phone _____ Cell Phone _____

Address (if different from child) _____

First Time Applicants Only

State Birth Certificate # _____ Verified

by _____ Date ___/___/___

(School Office Personnel Signature Only)