



## Application Form – 2026-2027

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  
\$1,800/yr. \$200/mo.

4/5Yr Old (3 Days) MWF  
\$2700/yr. \$300/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)