

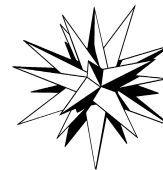
MORNING STAR PRESCHOOL

ENROLLMENT FORM

202 Main Street, Hope, Indiana

812-390-7117 Preschool

812-546-4641 Church Office



- ❖ \$50 *non – refundable* registration fee is required with application
- ❖ 3's class will meet Tuesday and Thursday from 8:30 – 11:00 a.m. (\$100 monthly tuition)
- ❖ 4's class will meet Monday, Wednesday, and Friday from 8:30 – 12:00 a.m. (\$140 monthly)

Child's Name _____

Age _____ (By August 1st) Birthday _____

Address _____ Home Phone _____

Mother's Name _____

Address _____ E-mail address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Father's Name _____

Address _____ E-mail address _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Person to call in emergency/illness _____ Phone _____

Person(s) authorized to pick up child other than parent:

1) Name _____ Phone _____

2) Name _____ Phone _____

Brothers and Sisters

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

List any information that will help us to know and work with your child. _____

Are your child's immunizations up to date? Yes _____ No _____

(If you answered "NO", please make them current by the start of preschool.)

Does your child have any allergies that we need to be aware of? _____

Parent Signature _____ Date _____