



Morning Star Preschool Enrollment Form



202 Main Street, Hope IN 47246

812-546-4641 Church Office

812-371-5012 Jenny Wallace, administrator

- \$50 **non-refundable** registration fee is required with application
- 3's class will meet Tuesday and Thursday from 8:30-11 a.m. (\$125 monthly tuition)
- 4's class will meet Monday, Wednesday, and Friday from 8:30-noon (\$165 monthly tuition)

Child's Name _____ Age (by Aug 1st) _____ Birthdate _____

Address _____ Phone Number _____

Mother's Name _____ email _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Father's Name _____ email _____

Home Phone _____ Cell Phone _____

Employer _____ Work Phone _____

Person to call in case of emergency/illness _____ phone # _____

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

1) Name _____ phone _____

2) Name _____ phone _____

Siblings

Name _____ phone _____

Name _____ phone _____

Name _____ phone _____

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 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 _____