

**APPLICATION FOR ADMISSION**

**STUDENT:**

Age by Sep 1st :  2  3  4  \_\_\_\_\_

FULL NAME: \_\_\_\_\_  MALE  FEMALE  
FIRST MIDDLE LAST

HOME ADDRESS: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ WITH WHOM IS STUDENT CURRENTLY LIVING? \_\_\_\_\_

EMAIL: \_\_\_\_\_ WHO IS THE CHILD'S LEGAL GUARDIAN? \_\_\_\_\_

PLEASE MARK ALL APPROPRIATE BOXES

Parents Married  Parents Divorced  Parents Separated  Father Remarried  Mother Remarried  Father Deceased  Mother Deceased

WHAT CHURCH IS YOUR FAMILY CURRENTLY ATTENDING OR AFFILIATED WITH? \_\_\_\_\_

PLEASE NOTE: INFUSION CHRISTIAN PRESCHOOL ADMITS STUDENTS OF ALL FAITHS. HOWEVER, BY ENROLLING YOUR STUDENT AT INFUSION CHRISTIAN PRESCHOOL, YOU ARE AGREEING THAT YOUR CHILD MAY BE TAUGHT BIBLE STORIES, SONGS & PRAYERS.

HAS YOUR CHILD EVER ATTENDED PRESCHOOL, IF SO WHERE: \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

PLEASE LIST ALL MEDICAL, PSYCHOLOGICAL, LEARNING OR OTHER DIFFICULTIES THAT YOU ARE AWARE OF:

**MOTHER/GUARDIAN:**

MOTHER'S/GUARDIAN/S NAME: \_\_\_\_\_

HOME ADDRESS (if different from applicant): \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL #: \_\_\_\_\_

OCCUPATION/NAME OF COMPANY: \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

**FATHER/GUARDIAN:**

FATHER'S/GUARDIAN/S NAME: \_\_\_\_\_

HOME ADDRESS (if different from applicant): \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELL#: \_\_\_\_\_

OCCUPATION/NAME OF COMPANY: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOW DID YOU LEARN ABOUT INFUSION CHRISTIAN PRESCHOOL?

INFUSION CHRISTIAN PRESCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, GENDER, NATIONALITY OR ETHNIC ORIGIN IN THE ADMINISTRATION OF ITS ADMISSION POLICIES, EDUCATIONAL POLICIES, OR ANY OTHER SCHOOL-ADMINISTERED PROGRAMS.

DATE: \_\_\_\_\_ PARENT SIGNATURE: \_\_\_\_\_

NON REFUNDABLE APPLICATION FEE OF \$100: \_\_\_\_\_ IF ACCEPTED THIS WILL BE APPLIED TO REGISTRATION FEE

