

## Old Providence Preschool Application Form

A Ministry of Old Providence ARP Church

Child's Name

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

First

Middle

Last

Names of Primary Caregivers

Relationship to Child

|  |  |
|--|--|
|  |  |
|  |  |

Mailing Address:

|  |
|--|
|  |
|  |

|                    |  |
|--------------------|--|
| Home Phone Number: |  |
| Cell # for:        |  |
| Cell # for:        |  |
| Work # for:        |  |
| Work # for:        |  |

Child's Birthdate:

|       |     |      |
|-------|-----|------|
| Month | Day | Year |
|-------|-----|------|

**Application for:** \_\_\_\_\_ **3-year-old class** \_\_\_\_\_ **4-year-old class**

I/We have read the policies of Old Providence Preschool as set forth in the Information Packet and agree to abide by these policies. I am enclosing the Application/Registration Fee of \$50.00.

Signatures: \_\_\_\_\_

\_\_\_\_\_

Date: \_\_\_\_\_