

Independence Hill Weekday Preschool Application for Enrollment

Date _____ Check# _____ Amount paid _____

***Class placement determined by child's age as of 8/31/22 per North Carolina requirements.**

TWO'S <small>(Mark 1st or 2nd in the appropriate box)</small>		THREE'S <small>(Mark 1st or 2nd in the appropriate box)</small>		FOUR'S <small>(Mark 1st or 2nd in the appropriate box)</small>	
	2 Days (Tue/Thur) 18mon+		3 Days (M/W/F)		4 Days (Mon/Tue/Wed/Thur)
	3 Days (M/W/F)		4 Days (Mon/Tue/Wed/Thur)		5 Days (M-F)
	4 Days (Mon/Tue/Wed/Thur)		5 Days (M-F)		

***Minimum classroom thresholds must be met to offer the class**

Personal Information

Child's Name: _____
(First) (Middle) (Last)

Name Child is called: _____ Male Female

Child's Birthday: Month _____ Day _____ Year _____

Address: _____
(Street) (City) (Zip Code)

Mother's Name: _____ Employer: _____

Phone: _____ Work Phone: _____

Mother's Email: _____

Father's Name: _____ Employer: _____

Phone: _____ Work Phone: _____

Father's Email: _____

Name of church attended by your family: _____

To ensure your child receives maximum benefit from our program, please describe any special needs your child has (i.e. food or other allergies, social skill delays, physical challenges, etc.):
