

GENERAL STUDENT INFORMATION

PRESCHOOL APPLICATION FOR ENROLLMENT

1

STUDENT NAME: First _____ Middle _____ Last _____

S.S.N. #: _____ **AGE:** _____ Male Female

STUDENT ADDRESS: Street _____ Apt/# _____

City _____ State _____ ZIP _____

PRIMARY PHONE: _____ **DATE OF BIRTH:** _____
XXX-XXX-XXXX MM/DD/YYYY

SCHOOL LAST ATTENDED: NAME: _____ ADDRESS: _____

CHURCH PRESENTLY ATTENDING: NAME: _____ CITY: _____ PASTOR: _____

FATHER'S NAME: First _____ Last _____ Lives with Student? Y N

ADDRESS: Street _____ Apt/# _____
(if different from student)

City _____ State _____ ZIP _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____
XXX-XXX-XXXX XXX-XXX-XXXX XXX-XXX-XXXX

OCCUPATION: _____ **EMPLOYER:** _____ **CITY:** _____

MOTHER'S NAME: First _____ Last _____ Lives with Student? Y N

ADDRESS: Street _____ Apt/# _____
(if different from student)

City _____ State _____ ZIP _____

HOME PHONE: _____ **WORK PHONE:** _____ **CELL PHONE:** _____
XXX-XXX-XXXX XXX-XXX-XXXX XXX-XXX-XXXX

OCCUPATION: _____ **EMPLOYER:** _____ **CITY:** _____

SIBLING #1: _____ School Attending _____ Age _____ Grade _____

SIBLING #2: _____ School Attending _____ Age _____ Grade _____

Briefly explain why you want your child to attend Sonrise Christian Preschool: _____

FINANCIALLY RESPONSIBLE FOR BILLING: Father Mother Both

Email address to receive billing statements: _____ @ _____

OFFICE USE ONLY:

Start Date: ____/____/____ Plan: _____ Days: _____ **Enrollment:** Check # _____ Amount _____ Date _____

Monthly Tuition: _____ Staff Initials: _____ **Campus:** Covina Glendora Class Name: _____