

Enon Chapel Preschool  
Confidential Application for Admission  
2018-2019 School Year

Registering child for:

- \_\_\_\_\_ 5 Day 4 Year Old Class (Must be 4 by August 31).
- \_\_\_\_\_ 3 Day 3 Year Old Class (Must be 3 by August 31).
- \_\_\_\_\_ 2 Day 2 ½ Year Old Class (Must be 2 ½ by August 31)

Child's Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Gender M F  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Phone # \_\_\_\_\_  
Email address \_\_\_\_\_

**Does your child have any allergies, medical or behavior problems?**

\_\_\_\_\_

Father's Name \_\_\_\_\_ Active Duty Y N  
Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Active Duty Y N  
Cell Phone # \_\_\_\_\_ Work # \_\_\_\_\_  
Marital Status of Parents (check one):  
Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

If separated or divorced, parent with legal custody:

\_\_\_\_\_

Church your family attends \_\_\_\_\_  
Does the child attend church and/or Sunday School regularly? \_\_\_\_\_  
Would you like more information about our church here at Enon Chapel? \_\_\_\_\_  
Name of Doctor \_\_\_\_\_ Phone # \_\_\_\_\_  
Please list two local emergency contacts in case a parent cannot be reached:  
Name \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone # (s) \_\_\_\_\_  
Name \_\_\_\_\_ Relation: \_\_\_\_\_  
Phone # (s) \_\_\_\_\_  
Names and Ages of Siblings:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_

Who may pick up your child from school? \_\_\_\_\_

**Is your child fully potty trained?** \_\_\_\_\_

**\*\*NOTE: All preschoolers must be fully potty trained in order to be accepted. Students are not allowed to wear pull-ups.**

Please list any other information you think may be helpful (fears, sleep and nap habits, eating habits, behavior habits such as nail biting, thumb sucking, tantrums, biting, etc.)?

\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Having read and agreed to the school policies attached, I/we hereby apply for admission for the 2018-2019 School year, and accompany this application with the registration fee of \$60.00, a copy of the child's birth certificate and a copy of the child's immunization record. I will comply with the rules and regulations as suggested by this school.

Student to be enrolled \_\_\_\_\_ to Enon Chapel Preschool  
(child's name)

Parent(s) Signature \_\_\_\_\_

Date \_\_\_\_\_