

POWAY COUNTRY PRESCHOOL
APPLICATION FORM

Name of Child: _____ Date of Birth: _____

Address: _____

Home Telephone Number: _____

Name of Parents / Guardians and contact information:

Mother's Name: _____

Mother's Cell Number: _____

Mother's e-mail address: _____

Mother's Name of Employment: _____

Father's Name: _____

Father's Cell Number: _____

Father's e-mail address: _____

Father's Name of Employment: _____

Preferred Start Date: _____

Classroom : Infants Teeny Toddlers Tiny Twos

PK: Stage 1 (2s&3s) PK: Stage 2 (3s&4s) PK: Stage 3 (4s&5s)

Please indicate days of attendance: Mon: Tues: Wed: Thurs: Fri:

My child will attend from about _____ a.m. - _____ p.m.

How did you hear about our program? _____

A non-refundable one time registration fee of \$ 100.00 and \$75.00 annual materials fee must accompany this application when **enrolling**.

No fee necessary to be put on the wait list

PAID: \$ _____

Signed: _____ Date: _____
(Parent / Guardian's Signature)

FOR SCHOOL USE ONLY:

Approved: _____ Date: _____
(Director's Signature)