

Application for Enrollment

ABC Preschool

Full Gospel Assembly ❖ Floral Park Street ❖ Islip Terrace ❖ NY ❖ 11752 ❖ (631) 581-3466

Please Print

Student Name: _____ Age: _____ Date of Birth: _____

Address: _____ Zip: _____ Phone: _____

Father's Name: _____	Mother's Name: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work #: _____	Work #: _____

If Parent can not be contacted -

Person to call in an Emergency: _____ Phone: _____

Child's Physician: _____ Phone: _____

Is your child Toilet Trained? Yes No Since: _____

Does your child have any allergies / play restrictions? Yes No

Is your child physically challenged? Yes No

Does your child have any speech difficulty? Yes No

If you selected "Yes" to any of the above, please briefly explain here:

Does your child have brothers or sisters? Yes No Names: _____

Will your child enter kindergarten **next** September? Yes No If "No", give year: _____

Please list any schools previously attended: _____

Name of church affiliation: _____

Check the sessions you would like your child to attend:

Monday AM PM	Tuesday AM PM	Wednesday AM PM	Thursday AM PM	Friday AM Only
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Date: _____

Signature _____

Parent

Guardian