

2020-2021 First School Preschool Enrollment Form

Child's Name:_____

DOB_____age_____male_____female_____

Mother's name_____

Cell#_____work #_____

Father's name_____

Cell#_____work#_____

Home address_____

City/Zip _____

Home phone#_____

Church that you attend_____

I would like to register for:

MMO(ages 12 -24 months) T___ W___ Th___

2's T/TH___ MWF___

3's T/Th___ MWF___

4's M-Th___

4's M-F___

*children must be the age of the class they are enrolled in on or before August 31st.