

Referred by: \_\_\_\_\_

Reg. Fee Paid: \_\_\_\_\_

**GREYSTONE BAPTIST PRESCHOOL**

7509 Lead Mine Road, Raleigh, NC 27615  
(919) 870-0040

**APPLICATION FORM**

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Last Name	First Name	Middle Name	Name child uses
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**CIRCLE AGE AND CLASS PREFERENCE:**

**4 year old:**    4 day (MTWTh)            5 day(MTWThF)  
**3 year old:**    3 day(MWF)    4 day (MTWTh)            5 day(MTWThF)  
**2 year old:**    2 day(TTh)      3 day(MWF)      5 day(MTWThF)  
**Toddler:**       2 day(TTh)      3 day(MWF)      5 day(MTWThF)

**(Greystone Baptist Preschool reserves the right to cancel any class due to insufficient enrollment.)**

Child's Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Church Preference \_\_\_\_\_

Street Address/City/Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Fathers Name \_\_\_\_\_ Mobile phone# \_\_\_\_\_

Fathers occupation/Business address \_\_\_\_\_

Mothers Name \_\_\_\_\_ Mobile phone# \_\_\_\_\_

Mothers occupation/Business address \_\_\_\_\_

Email Address \_\_\_\_\_

Siblings (Please include names and ages) \_\_\_\_\_

Other persons living in home (Indicate child or adult) \_\_\_\_\_

List allergies, medical conditions, drug sensitivities and other special conditions of which we should be aware. \_\_\_\_\_

List physical handicaps, special testing or professional evaluations of which we should be aware \_\_\_\_\_

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