

Referred by: _____

Reg. Fee Paid: _____

GREYSTONE BAPTIST PRESCHOOL

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

APPLICATION FORM

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) 4 day(MTWTh) 5 day(MTWThF)

Toddler: 2 day(TTh) 3 day(MWF) 4 day(MTWTh) 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 _____
