



Application for Enrollment

Date _____

Name of Child: _____ Name Called By: _____

Date of Birth: _____ Male/Female

Age as of September 30, 2009: _____

Parent's Name(s): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Mobile Phone: _____ Email: _____

Please check desired schedule:

Preschool

M-F, 9-3 _____

MWF, 9-3 _____

TT, 9-3 _____

Before Care

M-F, 7:30-9 _____

MWF, 7:30-9 _____

TT, 7:30-9 _____

After Care

M-F, 3-5 _____

MWF, 3-5 _____

TT, 3-5 _____

Are you a member of the Woodmont Hills Family of God? _____

Special needs of child: _____

Have you taken a tour of our Day School? _____ date _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please attach a non-refundable application fee of \$50.00