

**First Congregational
United Church of Christ
Preschool**

Application Form

Name of child: _____ Birthdate: _____

Child prefers to be called: _____

Home Address: _____

Names of Parents or Guardians: _____

Father's place of employment: _____ Phone: _____

Mother's place of employment: _____ Phone: _____

Are parents: married _____ divorced _____ other _____

Church affiliation: _____

Siblings of child:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Who will be transporting your child to and from school:

Name: _____ Phone: _____

Names of persons to contact if parents cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

Please list any specific things such as medical conditions, allergies, behavior issues, etc. that you think we should know about your child that will help us better understand your child.

Parent's Signature: _____