



Family Christian Academy Preschool

“Building Foundations for Faith and Learning”

MASTER ENROLLMENT FORM

Admission Date: _____

Date of Withdrawal: _____

Child's Full Name _____ Name Preference _____

Birth Date _____ SS# _____ Gender _____

Home Address _____ City _____

Zip Code _____ Home Phone _____

Father or Guardian's Name _____ SS# _____

Address and Home Phone (if different) _____

Natural Father/Stepfather/Guardian _____ Who has legal custody _____

Father or Guardian's Employment _____

Position _____ Dept _____ Work Phone _____

Cell Phone _____ Email Address _____

Work Schedule (attach a copy if necessary) _____

Mother or Guardian's Name _____ SS# _____

Address and Home Phone (if different) _____

Natural Mother/Stepmother/Guardian _____ Who has legal custody _____

Mother or Guardian's Employment _____

Position _____ Dept _____ Work Phone _____

Cell Phone _____ Email Address _____

Work Schedule (attach a copy if necessary) _____

Child lives with: (Check one)

Both parents ___ Mother ___ Father ___ Legal Guardian ___ Other ___

If Legal Guardian, list name, address, phone number if different from above:

Name(s) of any person(s) allowed to pick up the child from the preschool:

Parent/Guardian Signature _____ Date _____