

REGISTRATION FOR ADMISSION
COVENANT PRESBYTERIAN PRESCHOOL
4000 Ridgewood Road, Jackson, Mississippi 39211

PLEASE PRINT

Child's Name _____ Called _____

Child's Birthdate _____ Sex _____ Home Phone _____

Address _____
Street _____ City _____ Zip _____

Parent's Names _____ Primary Email _____

Mother's Occupation _____
(Include Company and Phone Number)

Mother's cell phone _____ Church Membership _____

Father's Occupation _____
(Include Company and Phone Number)

Father's cell phone _____ Church Membership _____

Church in Which Your Child Is Enrolled _____

Former School or Play Group Attended _____

Child's Physician _____ Phone Number _____

Emergency Contacts & Phone Numbers
(If Parents unavailable) 1. _____
2. _____

(Parent's Signature) **\$150 NON-REFUNDABLE fee required w/application**

- Please draft \$150 from my bank account **OR**
 Check for \$150 included with application

PLEASE INDICATE THE PROGRAM FOR WHICH YOUR CHILD IS REGISTERING:

_____ **KINDERGARTEN class** (must be five by Sept. 1, 2018) _____ **TWO year old class** (must be two by Sept. 1, 2018)

_____ **FOUR year old class** (must be four by Sept. 1, 2018)

_____ Full-time

_____ Monday/Wednesday/Friday

_____ Full -time

_____ Monday/Wednesday/Friday

_____ Tuesday/Thursday

_____ **THREE Year old Class** (must be three by Sept. 1, 2018)

**** (Children entering a three year old class must be potty trained.)**

_____ Full-time

_____ Monday/Wednesday/Friday

_____ **15 MONTH old class** (must be 15 months by Sept.1)

**** (Children entering the 15 month class must be walking and be able to drink from a sippy cup)**

_____ Full-time

_____ Monday/Wednesday/Friday

_____ Tuesday/Thursday



FOR OFFICE USE

(Date Received _____ Payment amt. _____ Check # _____)

preschool@covenantpresjackson.org

601-362-7228

