

2021-2022
School Year



Application Date: _____
Student's Name: _____ Date of Birth: _____
Address: _____ City/Zip: _____
Phone: _____ Name your child should learn to write _____

PLEASE CHECK THE CLASS YOU WISH YOUR CHILD TO ATTEND

CLASSES ARE FILLED ON A FIRST COME BASIS AS REGISTRATIONS/FEEES ARE RECEIVED

___ 3 's AM Class Tuesday & Thursday 9:00-11:30 (must be 3 by September 1 and potty-trained)
___ 4 's AM Class Monday, Wednesday & Friday 9:00-11:30 (must be 4 by September 1 and potty-trained)
___ 4 's PM Class Monday, Wednesday & Friday 12:30-3:00 (must be 4 by September 1 and potty-trained)

Child lives with: _____ Family Church: _____
Other Children in Family and their Ages: _____

PARENT INFORMATION

Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____
City/Zip: _____ City/Zip: _____
Phone: _____ Phone: _____
Cell: _____ Cell: _____
Work: _____ Work: _____
Employer: _____ Employer: _____
Address: _____ Address: _____
City/Zip: _____ City/Zip: _____
E-Mail Address: _____ E-Mail Address: _____

EMERGENCY CONTACT

Please List two people other than you in case of emergency

Name: _____ Cell: _____ Relationship to child: _____
Name: _____ Cell: _____ Relationship to child: _____

HEALTH INFORMATION

Child's Doctor's Name: _____ Phone: _____
Address: _____
Medical Insurance: _____ Policy Number: _____
Give a description of your child's general health (including any allergies and medications being given): _____

WHO WILL BE PICKING UP YOUR CHILD

Please list the name(s) of those who are authorized to pick up your child. **PLEASE** list only those who will be picking up your child on a **REGULAR BASIS**.

Name: _____ Best Number to be reached at: _____
Name: _____ Best Number to be reached at: _____
Name: _____ Best Number to be reached at: _____

FOR OFFICE USE ONLY

Date Received: _____ Reg. Fee Paid: _____ Check Number: _____

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