

2022-2023
School Year



Application Date: _____

Student's Name: _____ Date of Birth: _____

Address (mailing): _____ City/Zip: _____

Phone: _____ Name your child should learn to write _____

M or F: _____

PLEASE CHECK THE CLASS YOU WISH YOUR CHILD TO ATTEND

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

_____ 3 's AM Class	Tuesday & Thursday 9:00-11:30 (must be 3 by September 1 and potty-trained)
_____ 3's PM Class	Tuesday & Thursday 12:30-3:00 (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: _____

E-Mail: _____ E-Mail: _____

Employer: _____ Employer: _____

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: _____

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 #, Cash or Card: _____

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Updated 1/11/22