

2022-2023  
School Year

Application Date: \_\_\_\_\_



# FOOTHILLS

LOVING HEARTS  
PRESCHOOL

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

- |  |  |
|--|--|
| <input type="checkbox"/> 3 's AM Class | Tuesday & Thursday 9:00-11:30 (must be 3 by September 1 and potty-trained)         |
| <input type="checkbox"/> 3's PM Class  | Tuesday & Thursday 12:30-3:00 (must be 3 by September 1 and potty-trained)         |
| <input type="checkbox"/> 4 's AM Class | Monday, Wednesday & Friday 9:00-11:30 (must be 4 by September 1 and potty-trained) |
| <input type="checkbox"/> 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: \_\_\_\_\_