



# Preschool Enrollment Request

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Child's Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ Toilet trained  yes  no

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent Information: Married \_\_\_\_\_ Single \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Mother's Address (if different from child's address)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Work Phone \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Father's Address (if different from child's address)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PLEASE CHECK THE SCHEDULE YOU DESIRE FOR YOUR CHILD:

FULL DAY: 6:30AM—6:00 PM

HALF DAY: 6:30AM—12:30 PM

- 5 days \_\_\_\_\_ FULL \_\_\_\_\_ HALF
- 4 days \_\_\_\_\_ FULL \_\_\_\_\_ HALF
- 3 days (M,W,F) \_\_\_\_\_ FULL \_\_\_\_\_ HALF
- 2 days (T, Th) \_\_\_\_\_ FULL \_\_\_\_\_ HALF

OFFICE USE ONLY

Enroll paid \_\_\_\_\_

Start date \_\_\_\_\_

Class \_\_\_\_\_

Group \_\_\_\_\_

Enroll pkt given \_\_\_\_\_

**A NON-REFUNDABLE REGISTRATION FEE OF \$100 IS DUE AT THE TIME OF ENROLLMENT**

I am a regular Summit Church attender \_\_\_\_\_ I was referred by the \_\_\_\_\_ family

We are currently full time Military or have Veteran status

As the parent, I understand that I need to report any changes of information listed above, especially phone numbers and addresses, to ensure the school has the ability to contact me.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date