



Greenleaf Friends Academy Preschool and Daycare

Student Application

Last Name: _____ First Name: _____ M.I. _____

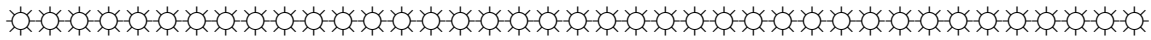
Birthdate: _____ Age: _____ Male: _____ Female: _____

Last Name: _____ First Name: _____ M.I. _____

Birthdate: _____ Age: _____ Male: _____ Female: _____

Last Name: _____ First Name: _____ M.I. _____

Birthdate: _____ Age: _____ Male: _____ Female: _____

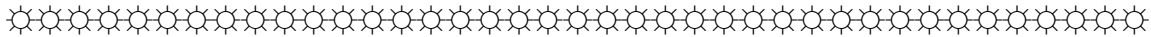


Mailing Address: _____

Mother

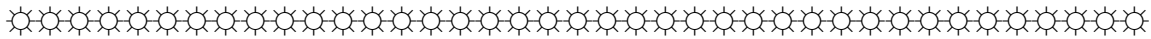
Father

Phone Numbers: _____ / _____



Jr. Kindergarten (4 by September 1) () Preschool 3's () Nursery () Before/After School Care ()
Full Days () Half Days ()

Days Needed: _____



Mother's Name: _____ Mother's Employer: _____

Work Phone Number: _____ Email: _____

Father's Name: _____ Father's Employer: _____

Work Phone Number: _____ Email: _____

Parents Marital Status: Married () Single () Divorced () Other ()

Are there any legal limitations regarding custody or visitation with anyone in this child's life?
If yes, please explain.

CHRISTIAN COMMITMENT (To be filled out by parent or guardian)

Are either you or your spouse a Christian____(Yes or No) If so, what is your relationship to Jesus Christ?_____

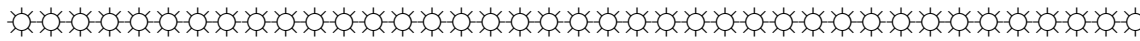
Do you take your child(ren) to weekly meeting/worship services? _____(Yes or No)

If no, please explain_____

Name of meeting (church) you attend? _____

Pastor's Name: _____ Phone #:_____

Address: _____



Preschool or Daycare previously attended:_____

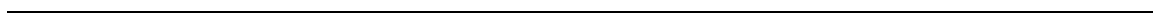
How often attended:_____

What were some of child's favorite activities?_____

Typical behavior when angry or frustrated:_____

Primary form of correction at home:_____

Has child had behavior problems at previous school or in other social environments? If yes, please explain.



Allergies:_____

Medical Issues:_____

Current Medications:_____

Emergency Contacts and Release Authorization

I give permission for my child to be released to the following individuals:

Name	Relation to Child	Phone Number

