

A Ministry of Lighthouse Baptist Church
Dr. Charles J. Blackstock, Pastor
260 Grant Rd. East
Dawsonville, Ga. 30534
(706) 265-9868

PRESCHOOL ENROLLMENT FORM 2004-2005

FAMILY INFORMATION

STUDENT'S NAME: _____

MOTHER'S NAME: _____

EMPLOYER: _____ WK .PH. _____ CELL PH. _____

FATHER'S NAME: _____

EMPLOYER: _____ WK. PH. _____ CELL PH. _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE: _____

CHURCH AFFILIATION: _____

EMERGENCY CONTACT (OTHER THAN PARENT) _____

LIST OTHERS WHO MAY PICK UP YOUR CHILD _____

STUDENT'S INFORMATION

BIRTHDAY: _____ AGE _____ GRADE _____

LIST ANY PREVIOUS PRE-SCHOOL EXPERIENCE:

LIST ANY SPECIAL NEEDS OR CONDITIONS: (Allergies, etc.)

I desire to enroll my child (listed above) into the Lighthouse Preschool. I further certify that I am this child's parent/legal guardian. I realize that I am responsible for the tuition expenses of this child.

Signed: _____

Date: _____