

NKCS Preschool

710 Peters Street
Wasco, CA 93280
661-758-6889
LIC # 150405029

APPLICATION OF ENROLLMENT

Date of Application _____

Child's Full Name

(Last) (First) (Middle)

Name child should go by and learn to spell in the classroom

Address

(Street) (City) (Zip Code)

Birth date _____ Age _____ Boy _____ Girl _____

Desired days for applicant's attendance: (please circle one)

Pick Up Times: Full Day(5:15) School Day(3:30) Half Day(12:15)

of Days _____

Enrollment needed for: Fall _____ Spring _____

Parent/Guardian #1

Mr./Mrs./Ms/ Name _____ Home Phone: _____

Home Address : _____ Cell Phone : _____

Email Address: _____

City/State/Zip : _____ Lives with Student? Yes / No

Relationship to Student: _____ Billing Party? Yes / No

Employer/Occupation : _____ Work Phone: _____

(Information continued on the back of this form)

Parent/Guardian #2
Mr./Mrs./Ms/ Name _____ Home Phone: _____
Home Address : _____ Cell Phone : _____
Email Address _____
City/State/Zip : _____ Lives with Student? Yes / No
Relationship to Student: _____ Billing Party? Yes / No
Employer/Occupation: _____ Work Phone: _____

Siblings currently attending NKCS (list names & grade)

How did you hear about North Kern Christian Preschool?

If your family presently attends church, please give the church name, pastor, and how long you have attended the church:

(Church name) (Pastor) (How long attending?)

Has your child ever been in an early education center before? Yes _____ No _____
If yes, where?

Does your child have special physical conditions/allergies that we should be aware of?
Yes _____ No _____ If yes, explain

Please list any other information which you feel would be helpful to the Director before your child is admitted:
