



West Parish Family School

Application

Child's Name _____

Date of Birth _____

Father's Name _____

Mother's Name _____

Address _____

Address _____

Mailing address _____
if different _____

Mailing address _____
if different _____

Home phone _____

Home phone _____

Cell father _____

Cell mother _____

Father's place of employment _____

Mother's place of employment _____

Telephone (work) _____ X _____

Telephone (work) _____ X _____

Email _____

My child resides with _____

Allergies or Health Concerns _____

I am applying for the following program:

Young Toddlers

15 – 24 months

__ Tues/Thurs

__ Mon/Wed/Fri

__ Mon - Fri

Toddlers

2 – 3 years

__ Tues/Thurs

__ Mon/Wed/Fri

__ Mon - Fri

Preschool

3 – 4 years

__ Tues/Thurs

__ Mon/Wed/Fri

__ Mon – Fri

__ 1/2 day Tues/Thurs

Pre K

4 – 5 years

__ Tues/Thurs

__ Mon/Wed/Fri

__ Mon – Fri

__ 1/2 day Tues/Thurs

My child will need extended care between:

7:30 and 9:00 a.m. yes _____ no _____

3:00 and 5:30 p.m. yes _____ no _____

Parent's Signature: _____ Date _____

Return this completed form, along with a \$40.00 non-refundable registration fee. This will put your child on the waiting list. This does not guarantee acceptance.

Thank You! We look forward to having you at West Parish Family School