

ENROLLMENT APPLICATION



All God's Children Pre-school
7620 SW 21ST Street
Topeka, KS 66615
785-478-4100

Child's Name (First, Middle, Last): _____

Date of Birth: _____ Sex: Male _____ Female _____

Home address: _____ City: _____ Zip: _____

Father's Name: _____ Home Phone: _____

Occupation: _____ Business Phone: _____

Mother's Name: _____ Home Phone: _____

Occupation: _____ Business Phone: _____

Preschool Class Options

Monday, Wednesday, Friday (\$120.00 per month) 9: 00-11:30AM

Tuesday, Thursday (\$90.00 per month) 9:00-11:30AM

Persons Authorized to Pick Up Child in Addition to Parents (Name, Address, and Phone Number)

Signature of Parent/Guardian: _____ Date: _____

In order to complete registration process, please return the completed form and **non-refundable registration fee of \$50.00** to All God's Children Pre-School. You will receive a phone call or a letter to confirm your child's enrollment.

Office use:

Enrollment Fee received: _____ Date Received: _____ Confirmed Enrollment: _____