

Hiland Hill Preschool
APPLICATION FOR ENROLLMENT

School Year _____

Child's Name _____

Name tag should appear as _____

Birth Date _____ Birth Place _____ Male/Female (circle)

Address _____

_____ Zip _____ Phone _____

Sibling's names & ages _____

Previous School(s) Attended _____

Allergies _____

Health Concerns _____

Physician _____ Phone # _____

Address _____

Church Affiliation _____

Mother/Guardians Name _____

Home Address _____

_____ Zip _____

Home Phone _____ Cell Phone _____

Work Place & Address _____

Work Phone _____ Working Hours _____

Social Security # _____ Driver's License _____

Marital Status _____

*Email Address _____

Father/Guardians Name _____

Home Address _____

_____ Zip _____

Home Phone _____ Cell Phone _____

Work Place & Address _____

Work Phone _____ Working Hours _____

Social Security # _____ Driver's License # _____

Marital Status _____

*Email Address _____

List Persons to whom the child may be released to:

Name _____ Relationship to child _____
Address _____
Home Phone _____ Cell Phone _____

Name _____ Relationship to child _____
Address _____
Home Phone _____ Cell Phone _____

Name _____ Relationship to child _____
Address _____
Home Phone _____ Cell Phone _____

In case of emergency whom may we contact if you can not be reached?

Name _____ Relationship to child _____
Address _____
Home Phone _____ Cell Phone _____

Name _____ Relationship to child _____
Address _____
Home Phone _____ Cell Phone _____

Parent signature

date

Hiland Hill Preschool
@Bethesda Covenant Church
2101 East State Street
Rockford, Il 61104
815-397-4212

For Office use only

Registration fee paid \$ _____ date _____ cash or check # _____

1st month's tuition paid \$ _____ date _____ cash or check # _____