

Status: \_\_\_\_\_

**First Presbyterian Church Weekday School**  
**TRANSITION KINDERGARTEN**  
**Application Form 2012-2013**  
**\*PLEASE PRINT CLEARLY\***

For Office Use Only  
Ck# \_\_\_\_\_  
Date: / /2012

Child's name: \_\_\_\_\_  
(last) (first) (middle) Name Called

Child's birthdate: \_\_\_\_\_ Child's gender: Girl \_\_\_ Boy \_\_\_

Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_

PLEASE INDICATE YOUR PRIMARY EMAIL AND PHONE NUMBER WITH A STAR.

Mother's email address \_\_\_\_\_

Mother's Phones: cell \_\_\_\_\_ work \_\_\_\_\_

Mother's Employer \_\_\_\_\_ address \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's email address \_\_\_\_\_

Father's Phones: cell \_\_\_\_\_ work \_\_\_\_\_

Father's Employer \_\_\_\_\_ address \_\_\_\_\_

Member of First Presbyterian? Yes \_\_\_ No \_\_\_ Other Church? \_\_\_\_\_

Names and birthdates of siblings: \_\_\_\_\_

Give a brief description of any allergies, medical conditions, or other specific needs we need to know about?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunizations up to date for your child's age? Yes \_\_\_ No \_\_\_

(Immunizations are required for a child to be enrolled. Please discuss any exceptions to this policy with the Director prior to registration of your child)

Where did this child attend school as a Four Year Old? \_\_\_\_\_

Please state your reason for considering a Transition Kindergarten for this child.

A registration fee must accompany this form.  
First Presbyterian Church Members: \$100.00  
Non-members: \$130.00  
Make checks payable to First Presbyterian-WDS

Please sign the policy agreement on the back of this form. 

**Please do not fold this form**