



# APPLICATION FOR ENROLLMENT

## Arden Presbyterian Preschool & Kindergarten

2215 Hendersonville Road, Arden, NC 28704  
828-684-7256 E-Mail: weloveapp@hotmail.com  
Weloveapp.webs.com

"And Jesus grew  
in wisdom and  
stature, and in  
favor with God  
and man."

Luke 2:52

ALL CHILDREN THREE YEARS AND OLDER MUST BE POTTY TRAINED.

CHILD: \_\_\_\_\_ male/female  
(first) (middle) (last)

date of birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
(month) (day) (year)

address \_\_\_\_\_  
(Street) (City) (ST) (Zip)

Primary Phone # \_\_\_\_\_ Primary e-mail \_\_\_\_\_

### PARENTS/RESPONSIBLE PARTY:

FATHER- \_\_\_\_\_ employer \_\_\_\_\_ work phone \_\_\_\_\_

Address (if different) \_\_\_\_\_  
(Street) (City) (ST) (Zip)

cell phone \_\_\_\_\_ church \_\_\_\_\_

MOTHER- \_\_\_\_\_ employer \_\_\_\_\_ work phone \_\_\_\_\_

Address (if different) \_\_\_\_\_  
(Street) (City) (ST) (Zip)

cell phone \_\_\_\_\_ church \_\_\_\_\_

CHECK WHICH SESSION YOU ARE APPLYING FOR: Note-August 31 of school year is the birthdate cutoff for each age group \*\*\*\*\*Classes are subject to change based on enrollment.

5 day	3 day	2 day

All classes are filled on a first come first served basis.

FOR OFFICE USE ONLY			
Completed application received: _____	fee paid: _____	cash/check# _____	School Year: _____
Classroom: _____	OMY: _____	orientation letter sent _____	Q M S

Please list others in the home: Siblings/ages \_\_\_\_\_

adults \_\_\_\_\_ pets/names \_\_\_\_\_

What other information should we know/be aware of to care for your child as an individual? Events at home often influence your child's behavior. We are better able to help your child when you inform us of situations and/or events that might influence his/her overall behavior such as: Divorce, Separation from a relative or friend, Death of a relative or friend.

Knowing about these transitional times allows us to give special attention, understanding, and care. The information you give us will remain confidential. Has anything happened recently in your child's life that might have an effect on her/him? Are there any unusual fears or special traits that the teacher may need to know about:

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Please list any allergies your child may have, his/her reaction to exposure, and procedure to follow in the event of exposure: \_\_\_\_\_

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List any health problems/medical diagnosis that would restrict your child's school activities:

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child's doctor/phone #: \_\_\_\_\_ child's dentist/phone#: \_\_\_\_\_

EMERGENCY CONTACT WHEN PARENTS CAN'T BE REACHED: (NAME, RELATIONSHIP, PHONE NUMBER)

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IN THE EVENT THAT IMMEDIATE MEDICAL TREATMENT IS REQUIRED FOR MY CHILD, AND I CAN NOT BE REACHED, ARDEN PRESBYTERIAN PRESCHOOL & KINDERGARTEN MAY TRANSPORT MY CHILD BY ANY MEANS NECESSARY TO AN APPROPRIATE MEDICAL FACILITY FOR CARE .

Photography Release Information:

Photographs are occasionally made by the staff to be used for programs, promotional and educational purposes. Unless specific written permission is obtained from the parent or legal guardian, children's names will never be used nor is any other confidential information shared.

I give my permission for my child to be included in photographs taken at Arden Presbyterian Preschool & Kindergarten.

PARENT SIGNATURE \_\_\_\_\_

**A non-refundable registration fee of \$75 is due upon receipt of this application.**