REGISTRATION FOR ADMISSION

COVENANT PRESBYTERIAN PRESCHOOL 4000 Ridgewood Road, Jackson, Mississippi 39211

PLEASE PRINT Child's Name	Called	
Child's Birthdate Sex	Home Phone	
AddressStreet		
Street	City	Zip
Parent's Names	Primary Email	
Mother's Occupation(Include Company and Phone Number)	Mother's cell	phone
Father's Occupation (Include Company and Phone Number)	Father's cell	phone
Church Membership		
Child's Physician	_Phone Number	
Emergency Contacts 1.		
	\$150 NON-REFUN	DABLE fee required w/application
(Parent's Signature) PLEASE INDICATE THE PROGRAM FOR WHICH YO	☐ Please draft \$15 ☐ Check for \$150 i	IDABLE fee required w/application in the control of
PLEASE INDICATE THE PROGRAM FOR WHICH YOU Pre-K/5 class (must be five by Sept. 1, 2021)	☐ Please draft \$15 ☐ Check for \$150 i UR CHILD IS REGISTERING: TWO-year-old class (r	50 from my bank account OR
PLEASE INDICATE THE PROGRAM FOR WHICH YOU Pre-K/5 class (must be five by Sept. 1, 2021) *pending enrollment	☐ Please draft \$15 ☐ Check for \$150 i UR CHILD IS REGISTERING:	of from my bank account OR ncluded with application must be two by Sept. 1, 2021)
PLEASE INDICATE THE PROGRAM FOR WHICH YOU Pre-K/5 class (must be five by Sept. 1, 2021) *pending enrollment	☐ Please draft \$15 ☐ Check for \$150 i UR CHILD IS REGISTERING: TWO-year-old class (r Full -time	ncluded with application must be two by Sept. 1, 2021) sday/Friday
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FOR OFFICE USE

_ Payment amt. ___ ____Check #___

(Date Received____ preschool@covenantpresjackson.org

601-362-7228

