

REGISTRATION FOR ADMISSION
COVENANT PRESBYTERIAN PRESCHOOL
4000 Ridgewood Road, Jackson, Mississippi 39211

PLEASE PRINT

Child's Name _____ Called _____

Child's Birthdate _____ Sex _____ Home Phone _____

Address _____
Street _____ City _____ Zip _____

Parent's Names _____ Primary Email _____

Mother's Occupation _____ Mother's cell phone _____
(Include Company and Phone Number)

Father's Occupation _____ Father's cell phone _____
(Include Company and Phone Number)

Church Membership _____ *Referred by: _____

Child's Physician _____ Phone Number _____

Emergency Contacts & Phone Numbers
(If parents unavailable) 1. _____
2. _____

\$150 NON-REFUNDABLE fee required w/application

(Parent's Signature)

- Please draft \$150 from my bank account **OR**
 Check for \$150 included with application

PLEASE INDICATE THE PROGRAM FOR WHICH YOUR CHILD IS REGISTERING:

FOUR-year-old class (must be four by Sept. 1, 2022)

_____ Full-time
_____ Monday/Wednesday/Friday

THREE-year-old class (must be three by Sept. 1, 2022)

***Children entering a three-year-old class must be potty trained**
_____ Full-time
_____ Monday/Wednesday/Friday

TWO-year-old class (must be two by Sept. 1, 2022)

_____ Full-time
_____ Monday/Wednesday/Friday
_____ Tuesday/Thursday

15 month-old class (must be 15 months by Sept. 1, 2022)

***Children entering the 15-month class must be walking and able to drink from a sippy cup**
_____ Full-time
_____ Monday/Wednesday/Friday
_____ Tuesday/Thursday

MOTHER'S MORNING OUT (must be 9 months by Sept. 1, 2022)

_____ Full time
_____ Monday/Wednesday/Friday
_____ Tuesday/Thursday



FOR OFFICE USE

(Date Received _____ Payment amt. _____ Check # _____)

preschool@covenantpresjackson.org

601-362-7228