	COVENANT PR	ION FOR ADMISSION ESBYTERIAN PRESCHOO load, Jackson, Mississippi		
<b>PLEASE PRINT</b> Child's Name		Called		
Child's Birthdate	Sex	Home Phone		
Address	t	City	Zin	
		Mother's cell phone		
Father's Occupation(Include Company and Phone Number)		Father's c	Father's cell phone	
Church Membershi	p	*Referred by:		
Child's Physician_		Phone Number		
Emergency Contac & Phone Numbers (If parents unavailab	5			
PLEASE INDICATI	E THE PROGRAM FOR WHICH YOU		50 included with application G:	
FOUR-year-old class (must be four by Sept. 1, 2023) Full-time Monday/Wednesday/Friday		THREE-year-old class (must be three by Sept. 1, 2023) *Children entering a three-year-old class must be potty trained Full-time Monday/Wednesday/Friday		
<b>TWO-year-old class</b> (must be two by Sept. 1, 2023) Full-time Monday/Wednesday/Friday Tuesday/Thursday		<ul> <li>15 month-old class (must be 15 months by Sept.1, 2023)</li> <li>*Children entering the 15-month class must be walking and able to drink from a sippy cup</li> <li>Full-time</li> <li>Full-time</li> <li>Tuesday/Wednesday/Friday</li> <li>Tuesday/Thursday</li> </ul>		
Full time	ING OUT (must be 9 months by Sept.1, Inesday/Friday ırsday	2023)		
MISSISSIPPI STOREDMENT Griedath		<b>R OFFICE USE</b> ayment amt sjackson.org601-3	Check #) 362-7228	