

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. _____

(Parent's Signature) **\$150 NON-REFUNDABLE fee required w/application**
 Please draft \$150 from my bank account **OR**
 Check for \$150 included with application

PLEASE INDICATE THE PROGRAM FOR WHICH YOUR CHILD IS REGISTERING:

_____ **Pre-K/5 class** (must be five by Sept. 1, 2020)
*pending enrollment

_____ **FOUR-year-old class** (must be four by Sept. 1, 2020)
_____ Full-time
_____ Monday/Wednesday/Friday

_____ **THREE-year-old Class** (must be three by Sept. 1, 2020)
**** (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, 2020)
_____ Full-time
_____ Monday/Wednesday/Friday
_____ Tuesday/Thursday

_____ **15-month-old class** (must be 15 months by Sept. 1, 2020)
**** (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, 2020)
_____ Full time
_____ Monday/Wednesday/Friday
_____ Tuesday/Thursday



FOR OFFICE USE
(Date Received _____ Payment amt. _____ Check # _____)
preschool@covenantpresjackson.org 601-362-7228

