

# BLESSED BEGINNINGS PRESCHOOL

1330 Thirteenth Street · Moline · Illinois · 61265-3099 · (309)764-7220

## APPLICATION FOR ADMISSION

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Nickname: (if used at school) \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
street city state zip + four

### \* PARENT INFORMATION \*

#### MOTHER/GUARDIAN:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Employer: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_

Business Address: \_\_\_\_\_

Working Hours: \_\_\_\_\_

Church Affiliation: \_\_\_\_\_

Marital Status: Married: \_\_\_\_\_ Separated: \_\_\_\_\_ Divorced: \_\_\_\_\_ Other: \_\_\_\_\_

#### Other children in the family:

Name	Age	Birth Date
_____	___	_____
_____	___	_____

Name	Age	Birth Date
_____	___	_____
_____	___	_____

#### Class Choice:

**3's**  
2 DAY PROGRAM  
Tuesday/Thursday  
\_\_\_\_\_ 8:30 - 11:00 a.m.

**4's**  
3 DAY PROGRAM  
Monday/Wednesday/Friday  
\_\_\_\_\_ 8:30 - 11:30 a.m.

**4's & 5's**  
5 DAY PROGRAM  
Mon/Tues/Wed/Thurs/Friday  
\_\_\_\_\_ 12:30 - 3:00 p.m.

Completion of this form conveys a request for admission to **BLESSED BEGINNINGS PRESCHOOL** for the program selected above. A \$35.00 non-refundable registration fee must accompany this form. Upon receipt of this form and deposit of your registration fee, your child is preregistered.

\_\_\_\_\_ *Please check here if you are interested in receiving information about our T.O.P. Scholarship Program.*

Signature of parent/guardian: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### \*\*\*OFFICE USE\*\*\*

Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Fee paid: \_\_\_\_\_

Class Schedule: \_\_\_\_\_

Date of admission: \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of discharge: \_\_\_\_/\_\_\_\_/\_\_\_\_