

**Covenant Presbyterian Preschool & Child's Day Out
APPLICATION FORM**

Today's Date: _____ School Year: _____

Full Name of Child: _____ Sex: M ___ F ___
(Underline the name s/he is called)

Date of Birth: _____ Age by Sept. 1, 2019: _____ years _____ months

Address: _____ City: _____ Zip: _____ Home #: _____

Guardian 1 Name: _____ **Occupation:** _____

Home Address: _____ Home #: _____

Place of Employment: _____ Work #: _____

Email: _____ Mobile #: _____

Guardian 2 Name: _____ **Occupation:** _____

Home Address: _____ Home #: _____

Place of Employment: _____ Work #: _____

Email: _____ Mobile #: _____

List names and ages of other household members:

Have any other children in the household attended Covenant Preschool? Please list:

Church Affiliation: _____ Members: Y ___ N ___

Child's Previous School Attendance: Where: _____ When: _____

\$100.00 Registration Fee due when the child is admitted to the Program.
\$65.00 Supply Fee due in the September and January autodraft

CHILDS DAY OUT	PRESCHOOL
<input type="checkbox"/> Toddler I (9 mos. by Sept. 1st – 14 mos.) T/Th Class	<input type="checkbox"/> Three-Year-Olds (3 by Sept. 1st) T/W/Th Class
<input type="checkbox"/> Toddler II (15 mos. by Sept. 1st – 23 mos.) T/Th Class _____ W/F Class _____	<input type="checkbox"/> Four-Year-Olds (4 by Sept. 1st) T/W/Th/F Class
<input type="checkbox"/> Two-Year-Olds (2 by Sept. 1st) T/Th Class _____ W/F Class _____	<input type="checkbox"/> Five-Year-Olds (5 by Sept. 1st) M/T/W/Th/F Class

Please enclose a **\$75.00 Application Fee** with this form. Mail form and payment to:



Covenant Presbyterian Preschool and CDO
3003 Northland Drive
Austin, Texas 78757
512-454-8370 phone
512-334-3091 fax
preschool@covenant.org

Office use only:	
Date Rcvd:	_____
Fee Rcvd:	_____
Member:	Y N
Sibling at CPP	Y N