



Marcus Pointe Christian Preschool

Preschool Student Admissions Application

Campus: _____

Student Information

Full Name: _____ Goes By: _____
Last First MI

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Gender: Male Female DOB: _____

List any health issues (including allergies) we need to be made aware of:

Parent Information

Father or Guardian:

Name: _____ Relationship to student: _____

Email: _____ Social Security #: _____

Address: Same as student : YES NO If different than student please complete information below.

_____ *Street Address Apartment/Unit #*

_____ *City State ZIP Code*

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

Mother or Guardian:

Name: _____ Relationship to student: _____

Email: _____ Social Security #: _____

Address: Same as student : YES NO If different than student please complete information below.

_____ *Street Address Apartment/Unit #*

_____ *City State ZIP Code*

Home Phone: _____ Cell Phone: _____

Employer: _____ Work Phone: _____

(Over/Signature)

Emergency Contact/ Authorized Pick-up

Emergency Contact (in the event a parent cannot be reached):

Name: _____ Phone: _____

Authorized Pick-up (in the event of change, please notify the school office immediately):

- 1. _____ 2. _____
- 3. _____ 4. _____
- 5. _____ 6. _____

Additional Information

Has your child participated in a weekly preschool or daycare program? YES NO

If yes, where? _____

Does your child speak English? YES NO

Is he/she able to potty with no prompting or assistance? YES NO

Does your child have any behavioral conditions we need to be aware of? YES NO

If yes, please explain: _____

How did you hear about Marcus Pointe Christian Preschool? Internet Social Media Friend/Family Referral Referred by: _____

Other _____

Are you a member of Marcus Pointe Baptist Church? YES NO

Active Duty or retired military? YES NO

May we send you information about our children's ministries/special programs? YES NO

Parental Agreement

(Please initial beside each statement to indicate your agreement)

_____ Immunization form, Physical form, and a copy of Birth Certificate are required for application to be complete.

_____ MPCS and MPBC are not responsible for any injury received by my child while in route to or from school.

_____ A month's written notice is needed before withdrawing my child or a month's tuition will be charged.

_____ There are no refunds for sick days, vacation, severe weather days, or when the school is closed.

Commitment

I would like to register my child for Marcus Pointe Christian Preschool. I have read the Marcus Pointe Christian Preschool Student Handbook, Statement of Faith and Parent Commitment Form and agree to abide by its policies. I understand the registration fee is non-refundable.

Signature: _____ Date: _____
Father's Signature

Signature: _____ Date: _____
Mother's Signature

Signature: _____ Date: _____
Billing Party Signature (If different)