

# ADMISSION FORM

\_\_\_\_\_  
Date of application

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Nickname

\_\_\_\_\_  
Male/Female

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

**CHILD'S RESIDENCE:**

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Business Phone

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

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Cell

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Business Phone

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

\_\_\_\_\_  
Physician to be called in case of emergency (Preferably local)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

Names of persons authorized to take child from the school. (The child will not be released to any other person without written authorization from parent or guardian).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

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FAX: (833) 222-8130

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*A Ministry of The Village  
Community Presbyterian Church*

Village Church Preschool

