ADMISSION FORM

Village Church Preschool

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

Telephone: (858) 756-2394
FAX: (833) 222-8130

P.O. Box 704 | 6225 Paseo Delicias
Rancho Santa Fe, CA 92067

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A Ministry of The Village Community Presbyterian Church