

STUDENT APPLICATION

Child's name _____ **Birth date** _____
last first

Nickname (if any) _____ Sex _____ Ethnicity _____

Address _____ Phone _____
street city zip

Mother's name _____ Social Security # _____

Employment _____ Phone _____
employer occupation

Father's name _____ Social Security # _____

Employment _____ Phone _____
employer occupation

Does child live with both parents at all times? ____ (yes) ____ (no) If not, with whom? _____

Who is legally responsible for, or has legal custody of child? _____

List other members of household. (This information is helpful to teacher when relating to child.)

Name _____ relationship _____ age _____

Name _____ relationship _____ age _____

Name _____ relationship _____ age _____

Family members who have attended MCC Preschool _____

Preferred date of entry: ASAP Fall Spring Summer Year: _____

For Office Use Only

Reg. Pd./ date:

Start date:

Comprehensive fee:

Deposit:

Release date: