



# WELLSPRING CHURCH

## Wellspring Preschool Admissions Application

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Desired Start Date: \_\_\_\_\_

Is this your child's first school? Y / N If not, name of school: \_\_\_\_\_

Name Child Goes By: (if different from above) \_\_\_\_\_

### Family Information

Mother/Guardian: (first and last name): \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Father/Guardian: (first and last name): \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for enrolling in this school?

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How did you hear about Wellspring Preschool?

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Any special medical/developmental/emotional concerns?

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Parent Signature:

Date:

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