

4s

Congregational Preschool

Application for Admission

2011-12

Child's Name: _____ Sex: M / F

Birth Date: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

Parent: _____ Phone Number: _____

Occupation: _____

Parent: _____ Work Phone: _____

Occupation: _____

Other children in the family: _____

E-Mail Address: _____

My class preference is as follows:

_____ Monday/Wednesday/Friday 9:00-12:00 \$181.00

_____ Mon/Tue/Wed/Thur/Fri 9:00-12:00 \$270.00

Emergency Information

Name: _____ Phone: _____
(person to take child if parents unavailable)

Child's Physician: _____ Phone: _____

Signature of parent

Please mark all that apply:

Current CPS student/family _____ Member of Congregational Church _____

Employed by CPS _____ Previous CPS family _____ Open Registration _____

Return \$50.00 non-refundable fee with your application form to registrar:

Tara Parrillo 1050 E. 23rd Eugene, Oregon 97405, Phone #: 343-5730

** Please mark the classes in order of preference. For example, if you prefer MWF but would be okay with M-F place a 1 next to MWF and a 2 next to M-F.