

ENROLLMENT APPLICATION  
ALL GOD'S CHILDREN PRE-SCHOOL  
7620 SW 21<sup>st</sup> St.  
Topeka, Kansas 66615  
785-478-4100  
or 785-608-3245

CHILD'S NAME \_\_\_\_\_ SEX \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

STREET \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone# \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ HOME PHONE# \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone# \_\_\_\_\_

If there has been a separation or divorce, with whom is the child living? \_\_\_\_\_

PRE-SCHOOL Mon/ Wed/Fri \_\_\_\_\_ 9:00-11:30 AM \_\_\_\_\_ 1:00-3:30PM

PERSONS AUTHORIZED TO PICK UP YOUR CHILD IN ADDITION TO PARENTS

Please provide Name, Address & Phone#

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

ENROLLMENT FEE-\$50.00 \_\_\_\_\_ (NON-REFUNDABLE)

TUITION IS \$110.00 PER-MONTH

START DATE \_\_\_\_\_