



CHECKLIST FOR APPLICATION PROCESS

If you have any questions, please call Tammy Mozingo in the admissions office at 678-336-3443

STEPS TO APPLY FOR PRESCHOOL HALF DAY ADMISSION

COMPLETED DATE

- _____ Attend PreSchool Tour or Parent Information Meeting
- _____ Submit completed application
- _____ Submit immunization and health form before the start of school

Name of Applicant _____
LAST NAME FIRST NAME MIDDLE NAME PREFERRED NAME

Student's age as of September 1 _____ Male Female

If you receive your second or third choice of days, would you like to be placed on a waiting list for your first choice of days? Yes No

CLASS OFFERINGS

AGE	2 DAYS		3 DAYS		4 DAYS	5 DAYS
Toddler <small>(Must be 18-24 months by Sept. 1)</small>	T•TH	W•F				
2's <small>(Must turn 2 by Sept. 1)</small>	T•TH		M•T•TH	M•W•F		M-F
3's <small>(Must turn 3 by Sept. 1)</small>	T•TH		M•T•TH	M•W•F	T•W•TH•F	M-F
4's <small>(Must turn 4 by Sept. 1)</small>			M•T•TH		T•W•TH•F	M-F
K Prep <small>(Must turn 5 by Sept. 1)</small>						M-F

*K Prep students must have already attended a 4's program.

Please indicate your choice of days:

1st _____ 2nd _____ 3rd _____

Note: Due to enrollment size, we can no longer take requests for a specific teacher.

FOR OFFICE USE ONLY:

Placement: _____ Wait List for: _____



APPLICATION FOR ADMISSION

(Please include application fee)

TODAY'S DATE _____/_____/_____

SCHOOL YEAR _____/_____

Grade Applying: (please check the appropriate box)

- Toddler Preschool 3 Year Old Preschool K Prep
- 2 Year Old Preschool 4 Year Old Preschool

Name of Applicant _____

Birthdate _____/_____/_____ LAST NAME FIRST NAME MIDDLE NAME PREFERRED NAME
 Male Female Birthplace _____ SSN # _____ - _____ - _____
MONTH DATE YEAR

Address _____
STREET CITY STATE ZIP CODE

Home Phone _____ SUBDIVISION COUNTY HOW MANY YEARS AT THIS ADDRESS
 Listed Unlisted

Current School _____ to _____

Previous School _____ NAME CITY STATE COUNTRY YEAR YEAR to _____

Previous School _____ NAME CITY STATE COUNTRY YEAR YEAR to _____

Most frequently viewed e-mail address _____

Nationality African American American Indian Asian/Pacific American Caucasian Latino/Hispanic
 Middle Eastern Multiracial Other _____

Sibling Name(s) _____ Age _____ Grade _____ Current School _____ Applying to Mount Pisgah? _____

Parents are: Residing Together Divorced Separated Mother - Deceased Father - Deceased

Custody (if applicable): Father Mother Joint

Father Stepfather Guardian Other Mother Stepmother Guardian Other

MR., DR. NAME _____ MRS., MS., DR. NAME _____

HOME ADDRESS (IF DIFFERENT FROM ABOVE) _____ HOME ADDRESS (IF DIFFERENT FROM ABOVE) _____

HOME PHONE (IF DIFFERENT FROM ABOVE) _____ HOME PHONE (IF DIFFERENT FROM ABOVE) _____

CELL PHONE _____ CELL PHONE _____

EMPLOYER BUSINESS PHONE _____ EMPLOYER BUSINESS PHONE _____

POSITION/OCCUPATION _____ POSITION/OCCUPATION _____

BUSINESS STREET ADDRESS CITY STATE ZIP _____ BUSINESS STREET ADDRESS CITY STATE ZIP _____

GRANDPARENT(S) NAME(S) _____ GRANDPARENT(S) NAME(S) _____

STREET ADDRESS CITY STATE ZIP _____ STREET ADDRESS CITY STATE ZIP _____

DETACH HERE, KEEP THE PARENT'S CHECKLIST FOR YOUR REFERENCE, COMPLETE AND RETURN THE APPLICATION TO THE OFFICE OF ADMISSION