





# 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

Do you want to start classes at Mount Pisgah if one child is enrolled and one is placed on a waiting list?  Yes  No

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			
2's <small>(Must turn 2 by Sept. 1)</small>	T•TH	M•T•TH	M•W•F	
3's <small>(Must turn 3 by Sept. 1)</small>	T•TH	M•T•TH	M•W•F	T•W•TH•F
4's <small>(Must turn 4 by Sept. 1)</small>		M•T•TH		T•W•TH•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 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  Male  Female Birthplace \_\_\_\_\_ SSN # \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
MONTH DATE YEAR

Address \_\_\_\_\_  
STREET CITY STATE ZIP CODE

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

Current School \_\_\_\_\_ to \_\_\_\_\_  
NAME CITY STATE COUNTRY YEAR YEAR

Previous School \_\_\_\_\_ to \_\_\_\_\_  
NAME CITY STATE COUNTRY YEAR YEAR

Previous School \_\_\_\_\_ to \_\_\_\_\_  
NAME CITY STATE COUNTRY YEAR YEAR

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