



APPLICATION FOR ADMISSION

Prince of Peace Lutheran Preschool
701 N Sanderson Ave.
Hemet, CA 92545
Office (951) 925-9798
Fax (951) 766-6779

About Your Child:

Child's Full Name: _____ Child's Birthdate: _____

Child's Address: _____

City: _____ Zip: _____

Please circle days your child will attend school: Mon. Tue. Wed. Thur. Fri.

What will be the general hours your child will attend school: _____

Are you an active member of a Christian Church? _____

Church Name: _____

Parents's Information:

Mom's Full Name: _____

Mom's Address (If different): _____

City: _____ Zip: _____

Mom's Home Phone: _____

Mom's Work Phone: _____

Mom's Cell Phone: _____

Mom's Place of Employment: _____

Dad's Full Name: _____

Dad's Address (If different): _____

City: _____ Zip: _____

Dad's Home Phone: _____

Dad's Work Phone: _____

Dad's Cell Phone: _____

Dad's Place of Employment: _____

APPLICATION FOR ADMISSION CONTINUED

Emergency Information:

In the event that the parents cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Persons authorized to pick up my child:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

ALLERGIES or MEDICAL CONCERNS: _____

Signature of parent/guardian:
X _____

Date:
____/____/____

FAX OR MAIL COMPLETED FORM TO
Prince of Peace
c/o Barbara Zweifel, Preschool Director
701 N. Sanderson Ave.
Hemet, CA 92545 Fax: (951) 766-6779

OFFICE USE ONLY:

Date of Admission: _____

Date left: _____