

Hillsboro Christian Preschool

6356 Hillsboro Lane
Crozet, VA 22932
434.823.5342

For Preschool Use	
Appl. Received	_____
Check Amount	_____
Class	_____

Application Form for Preschool Enrollment

Child's Name _____ Name Used _____
Address _____ Zip Code _____
Home Phone _____ Cell Phone _____ Male Female
Birth date _____ Toilet Trained? Yes No In Process

Father's Name _____ Age _____
Occupation _____ Employed by _____
Business Address _____ Work Phone _____
E-mail Address _____

Mother's Name _____ Age _____
Occupation _____ Employed by _____
Business Address _____ Work Phone _____
E-mail Address _____

If your family attends church, where? _____
Are parents: Married ____ Separated ____ Divorced ____ Deceased ____ Single ____
Names, ages, and sex of other children in the family _____

List others living in the household _____

What form of discipline do you use at home? Time out ____ Scolding ____ Spanking ____
Verbal Correction ____ Other _____

Person responsible for child if both parents work _____ Phone _____
Emergency Contact: _____ Phone _____

- 2 day program (T, Th) call for current tuition rates
- 3 day program (M,W,F)
- 5 day program (M-F)

List any medical, mental, or emotional problems including any allergies we need to be aware of

To enroll your child, please return this form with the non-refundable registration fee. Please submit tuition for September and the activity fee by September 1. This is non-refundable after September 1. Thereafter, tuition will be due by the 5th of the month. (Call for the registration fee and activity fee amounts.)

Parent's Signature _____ Date: _____