

REGISTRATION FOR ADMISSION
COVENANT PRESBYTERIAN PRESCHOOL
4000 Ridgewood Road, Jackson, Mississippi 39211

PLEASE PRINT

Child's Name _____ Called _____

Child's Birthdate _____ Sex _____ Home Phone _____

Address _____
Street _____ City _____ Zip _____

Parent's Names _____ Primary Email _____

Mother's Occupation _____
(Include Company and Phone Number)

Mother's cell phone _____ Church Membership _____

Father's Occupation _____
(Include Company and Phone Number)

Father's cell phone _____ Church Membership _____

Church in Which Your Child Is Enrolled _____

Former School or Play Group Attended _____

Child's Physician _____ Phone Number _____

Emergency Contacts
& Phone Numbers
(If Parents unavailable) 1. _____
2. _____

\$150 NON-REFUNDABLE fee required w/application
(Parent's Signature) Please draft \$150 from my bank account **OR**
 Check for \$150 included with application

PLEASE INDICATE THE PROGRAM FOR WHICH YOUR CHILD IS REGISTERING:

_____ **KINDERGARTEN class** (must be five by Sept. 1, 2018) **TWO year old class** (must be two by Sept. 1, 2018)
_____ Full-time _____ Monday/Wednesday/Friday

FOUR year old class (must be four by Sept. 1, 2018)
_____ Full-time
_____ Monday/Wednesday/Friday

THREE Year old Class (must be three by Sept. 1, 2018)

****(Children entering a three year old class must be
potty trained.)**

_____ Full-time
_____ Monday/Wednesday/Friday

15 MONTH old class (must be 15 months by Sept. 1)

****(Children entering the 15 month class must be
walking and be able to drink from a sippy cup)**

_____ Full-time
_____ Monday/Wednesday/Friday
_____ Tuesday/Thursday



FOR OFFICE USE
(Date Received _____ Payment amt. _____ Check # _____)
preschool@covenantpresjackson.org 601-362-7228



MISSISSIPPI
STATE DEPARTMENT
OF HEALTH