

Beautiful Blessings Preschool Academy Application

Application Date: ____/____/20__ Desired Enrollment Date: ____/____/20__

Child's Name: _____

Male Female Date of Birth: ____/____/20__
(Circle one)

Child's Address: _____

Father/Guardian Name: _____

Father's Address: _____

Home Telephone: (____)____-____ Cell Phone: (____)____-____

Employer: _____ Telephone: (____)____-____

Mother/Guardian Name: _____

Mother's Address: _____
(If different from Father/Guardian)

Home Telephone: (____)____-____ Cell Phone: (____)____-____
(If different from Father/Guardian)

Employer: _____ Telephone: (____)____-____

Requested Days of Attendance

Circle Days: M T W Th F Hours: _____ AM _____ PM

Mid-day Munchers: M T W Th F Hours: 12:00 PM – 1:00 PM

How did you learn about Beautiful Blessings Preschool Academy?

Personal Referral – Who? _____

Newspaper ____ Radio ____ Website ____ Other _____

Thank you for providing this information.

Please include the nonrefundable \$60.00 registration fee with this form. This fee will secure your Child's Name on our waiting list.