Julia Willette, Preschool Director

Lings Christian D

School With Hea

Kcpreschool1137@gmail.com (530)345-3100

King's Christian Preschool

1137 Arbutus Ave. Chico, Ca 95926

2's Enrollment Application 2024-2025

	Male /	Female	Birthday///
Home Address			Phone
City	State		Zip Code
Parent Information: [] N	1arried [] Single [] Separated [] Divorced	[] Widov	wed
Mother's Name	Work	Phone	
E-mail Address	Cell Pl	none	
	erent from child's home address)		
Father's Name	Work	Phone	
	Cell P		
Father's Address (if diffe	rent from child's home address) ITION (please select ONE option):		
Father's Address (if diffe	TION (please select ONE option): 7:00-1:00):		PRESCHOOL ADMIN USE
Father's Address (if diffe 	ITION (please select ONE option): 7:00-1:00): Please circle the days your child will atte	end:	PRESCHOOL ADMIN USE DATE RECIEVED
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As the parent/guardian, I understand that I need to report any changes to the information listed on this form, to ensure that King's Christian Preschool is able to reach me for the placement of my child in the preschool. Failure to report information changes may result in removal from the wait list if I cannot be reached by what was provided on this form.

Signature	Printed Name	Date

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