



752 Stoney Creek Church Road ~ Goldsboro, NC 27534

Phone: 919-739-7222 www.stoneycreekchurch.net

PRESCHOOL APPLICATION

Preschooler Information

Last Name: _____ First: _____ Middle: _____

Preferred Name: _____ Date of Birth: _____ Age: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Male Female Circle T-Shirt Size: YS YM YL S

Is your child left-handed, right-handed, or undecided at this time? _____

List any health issues we need to know: _____

Current Medications (specify): _____

Is medication needed while at preschool? _____ If so, how often? _____

Allergies (including food): _____

Special Diets: _____

Name and ages of siblings: _____

Church Affiliation: _____

Parent/Guardian Information

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip _____

City: _____ State: _____ Zip _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

Employer: _____

Employer: _____

Home Church: _____

Home Church: _____

Marital Status: Married Single Separated Divorced Remarried

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Do you live with your child? Yes No

Do you live with your child? Yes No

Emergency Contacts Other than Parents or Guardian

Contact Name: _____ Contact Name: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____
Relationship: _____ Relationship: _____

Please list ALL authorized individuals that may pick up your child from **All Stars Academy** (picture ID will be required):

1. _____
2. _____
3. _____
4. _____

Parent Certification

With my signature below I certify that I have answered the all questions honestly and completely.

I, (print name(s) here) _____ certify by my signature that I agree for my child (whose name appears on front) to attend **All Stars Academy**, and that I have read and agree to all the information on this application form. I will be financially responsible for this child's attendance at **All Stars Academy**.

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date