



Protestant Preschool & Kindergarten
532 Country Day Rd.
Goldsboro, NC 27530
(919) 735-9056

1. _____
Child's First Name Middle Name Last Name Name used
2. M/F _____ DOB _____ Phone _____ Cell _____
3. Address: _____ Zip Code _____ email: _____
4. Parent Information:
Parent's Names _____
Father's Place of Employment _____ Bus. Phone _____
Mother's Place of Employment _____ Bus. Phone _____
5. Name of another person responsible for child if parents are unreachable:
Name _____ Phone _____ Cell _____
Relationship to child: _____
6. Number of children in the family _____ Child's place in family _____
(oldest, middle, youngest, only)
7. Previous School experience _____
8. Name of family's church _____
9. Is child right-handed _____ left-handed _____ undecided _____?
10. Does the child have any special fears or nervous habits? _____
If so, please state: _____
11. Please comment on any other factors you feel will help us to understand and help enrich your child's school experience. _____

Parent Signature: _____ Date _____

Please note that a NON-REFUNDABLE enrollment fee of \$50.00 per family plus 1st month's tuition per child is due at time of registration for Protestant Preschool & Kindergarten.

Fee paid _____ Check # _____