

**2023-2024 APPLICATION
COVENANT PRESCHOOL AND EXTENDED CARE**

5800 W. MAPLE ROAD, WEST BLOOMFIELD 48322
(248) 855-1662 | covenantpreschool5800@gmail.com

Child's Name: _____ Date: _____

Child's Address: _____

Child's Gender: Male: Female: Date of Birth: _____

Returning Student: New Student:

Verified Birth Certificate on New Student: Yes Initial: _____

(To be filled out by Covenant Preschool)

**CHECK THE PROGRAM AND SCHEDULE
YOU WOULD LIKE YOUR CHILD TO ATTEND:**

2½-Year-Old Program: Half Day (9am–12pm)

2 Days – Tuesday & Thursday:

3-Year-Old Program: Half Day (9am–12pm) and All Day (9am–3pm)

2 Days – Tuesday & Thursday: Half Day or All Day

3 Days – Monday/Wednesday/Friday: Half Day or All Day

5 Days – Monday–Friday: Half Day or All Day

4-Year-Old Program: All Day Only (9am–3pm)

3 Days – Monday/Wednesday/Friday:

4 Days – Monday–Thursday:

5 Days – Monday–Friday:

Pre-K Program: All Day Only (9am–3pm)

4 Days – Monday–Thursday:

5 Days – Monday–Friday:

<i>Registration Information to be filled out by Covenant Preschool</i>	
Check #: _____	Received: _____
Placement: 2½ 3 4 Pre K	
Days Attending: _____	
Teacher: _____	

Primary Contact and Release Persons

Mother's Name: _____

Mother's Phone #: _____ **Mother's Work #:** _____

Mother's Email Address: _____

Father's Name: _____

Father's Phone #: _____ **Father's Work #:** _____

Father's Email Address: _____

List any allergies or eating restrictions your child has:

Are any of the allergies life-threatening? Yes No

If yes, please provide special instructions:

List any medications your child would need regularly during school hours:

List any physical, emotional, or learning disabilities your child has:

In an effort to provide a safe environment for students, volunteers are never left alone with children, and must sign this statement:

- I fully understand child abuse and neglect is against the law.
- I have never been convicted of a felony involving harm or threatened harm to a minor child.
- I have never been convicted of child abuse or neglect.

Parent Signature: _____ **Date:** _____