



# APPLICATION

"...a child works to perfect himself."

1572 E. Barstow Ave. • Fresno, CA 93710 • (559) 432-3669

INFORMATION

Child's Name: \_\_\_\_\_ M  F  Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cross Streets: \_\_\_\_\_ Phones (H) \_\_\_\_\_ (C) \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Child's Birth Place: \_\_\_\_\_

Has Your Family Been Enrolled At FMS? Yes \_\_\_\_\_ No \_\_\_\_\_

Will Your Child Attend Another Preschool While Attending FMS? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, Please Indicate Where: \_\_\_\_\_

Other Children & Ages: \_\_\_\_\_

PARENT / GUARDIAN INFORMATION	FATHER	MOTHER
Name:		
Occupation:		
Business Address:		
Business Telephone:		

CLASS SELECTION

**Toddler Class:** Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Wed P.M. \_\_\_\_\_ Th \_\_\_\_\_ Flexible \_\_\_\_\_  
 Age 18 -30 months Fall--Year: \_\_\_\_\_ Winter --Year: \_\_\_\_\_

**Prep Class:** 2 Day A.M., Monday/Tuesday 8:30 11:30A.M.....  
 Ages: 2 1/2-3 years \*\*Toddler Class is a Prerequisite

**Preschool Classes:** 5 Day A.M., Monday-Friday, 8:30 11:30A.M.....  
 Ages: 3 - 6 Years 5 Day P.M., Monday-Friday, 12:15 - 3:15 P.M.....  
 Kindergarten Class, Monday-Friday, 8:30 A.M. - 2:30 P.M....  
 3 Day A.M., Wednesday, Thursday, Friday 8:30 - 11:30 A.M.....  
 3 Day P.M., Wednesday, Thursday, Friday 12:15 - 3:15 P.M.....

I grant permission to the FMS Personnel to administer necessary Emergency Medical Treatment to my child and/or to call 911, if the situation occurs.

Signature: Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

Date Received at FMS: \_\_\_\_\_

CONSENT