



Winfree Memorial Preschool
Application for Enrollment
 2024-2025 School Year
 winfreepreschool@comcast.net

Office Use Only:	
App Rec'd _____	Fee Paid _____
Class Placement: _____	
Entered in Procure: _____	

Child's Name: _____

Child's Birthdate: _____ Male Female

Home Address: _____

	Mother/Legal Guardian	Father/Legal Guardian
Name:		
Occupation:		
Cell Phone:		
Email Address:		
Address:		

Names of other children in the family:

Name: _____	Age: _____	Attended Winfree: _____
Name: _____	Age: _____	Attended Winfree: _____
Name: _____	Age: _____	Attended Winfree: _____

Previous School/Group Experiences:

Name of School/Organization	Dates Attended	Asked to Withdraw
_____		<input type="checkbox"/>
_____		<input type="checkbox"/>

Please describe your child's-

Learning Needs: _____

Physical Needs: _____

Behavioral Needs: _____

If your child has/had an IFSP/IEP please attach the most current copy and schedule a meeting to review documents with the director.

Church family attends: _____

Would you like information about Winfree Memorial Baptist Church? Yes No

Would you like the Church Pastor to reach out to you? Yes No

Winfree Preschool does not discriminate in respect to conditions of enrollment based on race, color, creed, religion, gender, national origin, disability, sexual orientation, or gender identity.

Parent Signature: _____

Date: _____