



4221 West Gulf to Lake Hwy
 Lecanto, Florida 34461
 phone: 352.746.5696
 toll free: 888.746.5686
 fax: 352.746.5520
 www.sevenriverscs.org

Preschool Enrollment Application for K-3 & K-4

2009/2010 School year

Dear Parents,

We are excited about what God has been doing in our preschool, and we are delighted that you have chosen to be a part of our program. Our curriculum is designed to help students grow spiritually, physically, and socially. Our goal is to provide a loving, nurturing environment that will help to establish a positive attitude towards school.

STUDENTS ARE REQUIRED TO BE OF AGE ON OR BEFORE SEPTEMBER 1.

Admission procedures for our preschool require that you complete this application and remit the appropriate fees which are listed on the attached sheet.

STUDENT INFORMATION

Date of Birth: _____ / _____ / _____ Social Security #: _____ - _____ - _____
Month Day Year

Student's Name: _____ Sex: Male Female
First Middle Last

Home Address _____

Home Phone: _____ E-Mail: _____

FAMILY INFORMATION

Father's Name: _____ Business Phone: _____

Occupation/Company: _____ Position/Title: _____

Business Address _____

Mother's Name: _____ Business Phone: _____

Occupation/Company: _____ Position/Title: _____

Business Address: _____

(Please check selection)

- K-3 2 Day
- K-3 3 Day
- K-4 3 Day
- K-4 3 Day Extended Hours
- K-4 5 Day
- K-4 5 Day Extended Hours

For office use only:	
Date application received:	_____
Fees Paid:	
Application Fee	_____
Total amount	_____
Check #	_____
Person who received Application:	
