



**ROBINHOOD ROAD BAPTIST CHURCH  
PRESCHOOL**

5422 Robinhood Road Winston-Salem, NC 27106  
336.924.4241 [www.robinhoodroadbaptist.com](http://www.robinhoodroadbaptist.com)

**Application for Admission**

Child's name \_\_\_\_\_

Home address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Father's name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Mother's name \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Email \_\_\_\_\_

Religious Affiliation \_\_\_\_\_

Previous preschool attendance \_\_\_\_\_

How did you find out about our program? \_\_\_\_\_

Desired date of Enrollment \_\_\_\_\_

*Requested days of Enrollment: Mon Tues Wed Thurs Fri ALL*

Emergency Contact:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone \_\_\_\_\_ Cell \_\_\_\_\_

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**OFFICE USE ONLY**

Date of Interview \_\_\_\_\_ Interviewed by \_\_\_\_\_

Date Enrolled \_\_\_\_\_ Class Assignment 1's 2's 3's 4's 5's

Days of Week Attending: Mon Tues Wed Thurs Fri ALL

Registration Fee Paid: Yes  No  Cash \_\_\_\_\_ Check # \_\_\_\_\_