



**Indian Pines**  
COUNTRY DAY SCHOOL

**3-YEAR-OLD PRESCHOOL PROGRAM**  
APPLICATION

Child's Full Name \_\_\_\_\_

Name Child is Called at Home \_\_\_\_\_

Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age \_\_\_\_\_ Gender (circle): **MALE** **FEMALE**

Parent 1 Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Phone \_\_\_\_\_

Employer/Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_

Other Children in the Family 1 \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

2 \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

3 \_\_\_\_\_ Birthdate \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Previous Schools Attended \_\_\_\_\_

Child's Physician \_\_\_\_\_

Childhood Diseases \_\_\_\_\_

Favorite Play or Interest \_\_\_\_\_

Does your child have any special problems or concerns that can help us understand them better?

\_\_\_\_\_  
\_\_\_\_\_

What benefits do you expect your child to receive from our school? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Your application fee is \$25.00, and it is **not refundable**. Please make checks payable to **Indian Pines Country Day School**. Please return this form and your application fee to: **Indian Pines Country Day School, 1742 Saugahatchee Road, Auburn, AL 36830**. Upon receipt of your application and application fee, your child will be placed on our waiting list. If you have any questions, please contact Stacy Jackson at (334) 821-7786.

I understand that when I accept placement for my child at Indian Pines Country Day School, they will be expected to attend school for the entire school year, and their yearly tuition will be paid in full. Exceptions may be made for extenuating circumstances, such as moving or illness.

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_