Indian Pines
COUNTRY DAY SCHOOL

KINDERGARTEN 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 _____