

Indian Pines Country Day School

Four-Year-Old Program Application Form

Child's _____ Full _____ Name: _____
_____ Name _____ Child

is _____ Called _____ at _____ Home: _____

Sex: Male Female Birth Date: _____ Age: _____

Mother's Name: _____ Cell Phone: _____

Employer/Occupation: _____ Work Phone: _____

Father's Name: _____ Cell Phone: _____

Employer/Occupation: _____ Work Phone: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

Other Children in the Family:

1. _____ Birth Date: _____

2. _____ Birth Date: _____

3. _____ Birth Date: _____

Previous Schools _____ Attended: _____

_____ Child's Physician: _____

Childhood _____ Diseases: _____

Favorite Play or Interest: _____

Does your child have any special problems or concerns that will help us understand him or her better?

What benefits do you expect your child to receive from school? _____

Our 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 the 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 Peg Weiss at 821- 7786.

I understand that when I accept placement for my child at Indian Pines, he or she will be attending for the entire school year, and the yearly tuition will be paid in full. Exceptions may be made for extenuating circumstances, such as moving or illness.

Parent's Signature _____ Date _____