

APPLICATION FORM
FHSU TIGER TOTS PRESCHOOL
CENTER Fall 2029-Spring 2030

Child's Last Name	Middle	First	Age in Months (By August 20, 2027)	Birthdate MM/DD/YYYY	Gender

Child's Address: _____

Number and Street, Apt #	City	State	Zip

First Parent Contact: _____

First Name	Last	Cell	Work
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Place of Employment: _____

Email Address: _____

Second Parent Contact:

First Name	Last	Cell	Work

Place of Employment: _____

Email Address: _____

Which parent is affiliated with FHSU? _____

FHSU Classification: Student Staff Faculty

Schedule of Hours Child is Attending Tiger Tots:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Monthly Family Income: \$1000/month \$2000/month
\$3000/month \$4000+/month

OFFICE USE ONLY: _____ Date Enrolled _____

Registration Fee \$35.00 Check: _____ Cash _____ Last Attendance _____