

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 _____

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	_____