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

Child's Last Name	Middle	First	Age in Months (By August 15, 2029)	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 _____