

**Saint Martin-In-The Fields  
Preschool And Academy  
New Student Enrollment Form**

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ ADMISSION DATE \_\_\_\_\_

DATE OF WITHDRAWAL \_\_\_\_\_ HOURS OF OPERATION: 9 am to 2 pm

Class # _____	Monday	Tuesday	Wednesday	Thursday
	First Choice			
	Second Choice			

CHILD'S NAME \_\_\_\_\_  
Last First Middle "Nickname"

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PARENTS OR GUARDIANS NAMES \_\_\_\_\_

ADDRESS IF DIFFERENT \_\_\_\_\_

FATHER'S WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

MOTHER'S WORK # \_\_\_\_\_ CELL # \_\_\_\_\_

**In the event I cannot be reached during an emergency, I hereby authorize this facility to contact and allow my child to leave ONLY with the following persons:**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 PHONE \_\_\_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent or Guardian**

\_\_\_\_\_  
**Date**

Address:  
 223 South Pearson Lane  
 Southlake, Texas 76092

**(817) 905-2764**

Mailing Address:  
 223 South Pearson Lane  
 Keller, Texas 76248