



Enrollment Form

An \$125 Registration fee is due with this form. After January 31st, fee is \$200. This is a non-refundable deposit.

Days of the Week to Attend: M T W TH F Requested Start Date _____

Must be 2-year-old prior to start date. Classroom go according to school calendar and must be age prior to September 15th.

Classroom: Early Preschool 2 years Preschool-3 Years. (Potty Trained)
 Pre-Kinder Young 4 Years Junior Kindergarten-4 - 5 Years

Child's Name _____ Birth Date _____
Nickname _____ Phone Number _____
Address _____ City _____
State _____ Zip _____ Siblings Names & Ages _____

Father's Information

Father's Name _____ Cell Phone _____
Home Address _____
Employer/Address _____ Work Hours _____
Work Number _____ Email Address _____

Mother's Information

Mother's Name _____ Cell Phone _____
Home Address _____
Employer/Address _____ Work Hours _____
Work Number _____ Email Address _____

Parent's Marital Status: Married Separated Divorced Single Widowed
Child Lives with another guardian _____ If Divorced, Who Has Legal Custody? _____

Previous Childcare Provider/Preschool _____

Is Your Child: Potty Trained Potty Training In Diapers

Does Your Child Need Help In: Dress/Undress Eating Washing Hands/Face

Has Your Child Been Away from Parents Before: Sitter Daycare Grandparents Other

Does Your Child Have Any Special Fears _____ Favorite Snack _____

Any Allergies _____ Any Medical Conditions _____

Medications _____ Is your child receiving any OT/PT/Speech Therapy _____

Signature of Parent or Guardian

Date