

Entry Date



Withdrawal Date

PRESCHOOL APPLICATION FOR ENROLLMENT

Date: _____ Age: _____ Date of Birth: _____

Enrollment Program (please check one):

- Full Time (>4.5 hours per day, M-F)
- Part Time (≤4.5 hours per day, M-F)
- Part Time (>4.5 hours per day, Same days) M T W Th F (Please circle days)
- Part Time (≤4.5 hours per day, Same days) M T W Th F (Please circle days)
- Drop In (any part of a day 0 to 11 hours)

Child's Name _____

Physical Address: _____
Street/Post Office Box City State Zip

Telephone: _____ Primary language spoken at home _____ Sex: male female

FAMILY

Parent(s) Legal Guardian(s) Name(s): _____

Relationship to student: Mother Father Step-mother Step-father Other
(Mark all that apply)

Mailing Address: _____
(If different from applicants) Street/Post Office Box City State Zip

Fathers Phone: Work: (____) _____ Mobile: (____) _____ E-mail address: _____

Work Place: _____
Name of Company Title/Position

Street/Post Office Box City State Zip

Mothers Phone: Work: (____) _____ Mobile: (____) _____ E-mail address: _____

Work Place: _____
Name of Company Title/Position

Street/Post Office Box City State Zip

Siblings: Name and Ages: _____

Custody Circumstances the school should be aware of: _____

Parent/s Signature _____ Date _____

Nutritional and dietary needs of your child. Please write down the instructions for these needs.

Child's susceptibility to illness and physical conditions to be considered. Please explain below.

Illnesses:

Physical conditions:

Health maintenance to be considered. Please explain below.

Parent's Signature

Date