

PRE-SCHOOL (3 & 4 YEAR OLDS)
APPLICATION FOR ENROLLMENT

For School Use:

Date of Admission _____ Age at Admission _____

Child's Name _____ Primary Language _____

Date of Birth _____ Place of Birth _____

Address _____ Home Tel. Number _____

_____ E-Mail Address _____

Parent's Name:

Father _____ Address _____ _____ Home Tel. _____ Bs Tel _____ Bs Address _____ Cell Phone _____	Mother _____ Address _____ _____ Home Tel _____ Bs Tel _____ Bs Address _____ Cell Phone _____
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If parent cannot be contacted: NOTIFY:

1. Name _____ Address _____ _____	Relationship _____ Tel Number _____
2. Name _____ Address _____ _____	Relationship _____ Tel Number _____

Child's Physician/Clinic _____ Tel Number _____

List any allergies/identifying marks _____

Identifying Information: Eye Color _____ Hair Color _____ Sex _____ Race _____
 Ht. _____ Wt _____ Identifying Marks _____

Please Indicate Program, Days & Departure Time

3 YEAR OLD PROGRAM Preschool 12:00 _____ Preschool & Ext. Day ___3:30 ___5:30
 (2 Day Program T/TH, 3 Day Program M/W/F, or 5 Day Program M-F) **MON TUES WED THURS FRI**

PRE-K PROGRAM Preschool 12:30 _____ Preschool & Ext. Day ___3:30 ___5:30
 (Three day minimum, any combination) Please Circle Day Preferences **MON TUES WED THURS FRI**

PRE-K FULL TIME 5 DAY PROGRAM _____ **3:00** _____ **5:30**

PARENTS SIGNATURE _____ **DATE** _____

(\$50.00 Application Fee is due upon enrollment: This fee holds your child's place on our roster and is non-refundable).