APPLICATION FOR ENROLLMENT

Child's Name _____ Birthdate _____

Address_____

City, State, Zip _____ Home Phone _____

Allergies _____ Childhood illnesses_____

Mother:
Name _____ Occupation_____

Cell or Work phone _____ Email Address _____

Father:
Name _____ Occupation_____

Cell or Work phone _____ Email Address _____

Emergency Contact additional to Mother or Father

Name _____ Phone _____

Person(s) authorized to pick up child

_____ _____

Siblings: Name and Birthdate

_____ _____
_____ _____
_____ _____

Preschool Use:
☐ Registration fee received. ☐ Cash ☐ Check #_____
☐ 2-day student ☐ 3-day student
☐ Mrs. Lewis ☐ Mrs. Mayo