



**Preschool Student Enrollment Application**

Name Of Child: \_\_\_\_\_

Mailing Address \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

**I would like to enroll my child in: (Please mark one)**

\_\_\_\_\_ 2-3yr old class \_\_\_\_\_ 4-5yr old class

**INFORMATION ABOUT THE FAMILY**

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Other people in the household (indicate relationship)

Name

Relationship

Age

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A non-refundable registration fee of \$75.00 is due with this enrollment application.

\*\*\*Student medical and allergy information will be requested at a later time\*\*\*