Child Enrollment Form

Child's Name Address Zip code

Application Date Father's name Mother's name

Child's Birthdate Male or Female Father's cell

Father's email Mother's cell

Mother's email Parents married? ☐ Yes ☐ No

Mother's Occupation Father's Occupation

Class you are enrolled for: ☐ MW a.m. ☐ MWF a.m. ☐ MW p.m. ☐ MWF p.m.

Sibling's name Age

Age

Age

Has your child had any previous preschool experience? Where? Length

Does your child have any special talents or needs?

Please list the email you'd like to receive school correspondence and updates from (please print clearly)

Parent or Guardian Signature