

# 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