



Enrollment Application School Year 2016-2017

Child's Last Name _____ First Name _____ Birthdate _____

Home Address _____ Home Phone _____

City _____ Zip Code _____ Sex: M F

Child's Living Arrangements:

Both Parents _____ Mother _____ Father _____ Other (Specify) _____

Who is the Child's Legal Guardian? _____

Father's Name _____ Father's E-mail Address _____

Father's Employer _____ Occupation _____

Business Phone _____ Ext _____ Cell Phone _____

Mother's Name _____ Mother's E-mail Address _____

Mother's Employer _____ Occupation _____

Business Phone _____ Ext _____ Cell Phone _____

Who is Responsible for Payment? _____

Full Day Preschool _____ Extended Preschool _____

Half Day Preschool _____ AM _____ PM _____

Days My Child Will Attend _____

Father's Signature _____ Date _____

Mother's Signature _____ Date _____

Director's Signature _____ Date _____

For Office Use Only:

Enrollment Fee _____ Check # _____ Date _____

Class Assignment _____ Teacher _____

Referred By _____ Friend _____ Internet _____ Passing By _____

Previous Enrollment _____ Other _____ Forms _____ Tour _____ Handbook _____