



APPLICATION FOR ENROLLMENT

APPLICANT INFORMATION

Name _____ Prefers to be called _____
Date of birth ___/___/___ Place of birth _____
Gender _____ Age Next September (in years/ months) _____
Primary Language _____

PARENT INFORMATION

Parent's Name _____ Occupation _____
Home Address _____
Phone #'s: Home _____ Cell _____ Email _____
Employer _____ Work Phone # _____
Work Address _____

Parent's Name _____ Occupation _____
Home Address _____
Phone #'s: Home _____ Cell _____ Email _____
Employer _____ Work Phone # _____
Work Address _____

Financial correspondence will be sent to the above unless otherwise noted below.

PROGRAM PREFERENCE

Enrollment date of September 20____

2 year old program: ___ 9:00am-11:30am (please indicate 1st & 2nd choices)
___ Mon/Wed ___ Mon/Wed/Fri ___ Tues/Thurs ___ Tues/Thurs/Fri (please check preference of days)

3 year old program: ___ 9:00am-12:00pm (please indicate 1st & 2nd choices)
Choice of 3,4 or 5 day program (please check preference of days)
___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

4 year old program ___ 9:00-12:00 pm Monday through Friday/5 day program only

Extended day program (Available to both 3 year olds and 4 year olds) 12:00pm-2:00pm
___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
