



Enrollment Application

Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Home Phone: _____

Home Address: _____

Occupation: _____ Work Phone: _____

Email address: _____

Parent's Name: _____ Home Phone: _____

Home Address: _____

Occupation: _____ Work Phone: _____

Email address: _____

Schedule Preferred (please circle days and times needed):

Monday Tuesday Wednesday Thursday Friday

Regular Day (9am – 3:30pm)

Extended Day (8am – 6pm)

Has your child had any playgroup experience, if so, where and for how long?

Is there any specific information the school needs to know about your child?

What benefits do you want your child to gain from this program?

Where did you hear about the program? _____

Parent's signature: _____ Date: _____

Please include a photo of you and your child.