



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 or _____ 1:00pm-3:30pm *(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 or _____ 12:30pm-3:30pm *(please indicate 1st & 2nd choices)*
Choice of 3,4 or 5 day program (please check preference of days)
_____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Extended day program 12:00pm-2:00pm or 10:30am-12:30pm *(Circle time preference if selecting extended day)*

4 year old program _____ 9:00-12:00pm or _____ 12:30-3:30pm *(please indicate 1st & 2nd choices)*
Monday through Friday / 5-day program only

Extended day program 12:00pm-2:00pm or 10:30am-12:30pm *(Circle time preference if selecting extended day)*

