



Enrollment Form

Child's full name: _____ Male / Female

Date of Birth: _____ Child **MUST** be class age by 8/31/26

Parent Names: _____

Address: _____

(Street address) (Apt. #)

(City) (State) (Zip Code)

Contact Information:

Preferred Number: _____

Work: (Mom) _____ (Dad) _____

Cell: (Mom) _____ (Dad) _____

Primary E-mail for Communication: _____

Circle the class your child will be entering: 1's 2's 3's 4's PreK

3's, 4's, and PreK ONLY: 4 Day Option 5 Day Option Lunch Bunch

In case of emergency and parents cannot be reached, please contact:

(Name) (Relationship) (Contact Number)

Others that may pick up my child:

(Name) (Relationship) (Contact Number)

Known Allergies: _____