



## Pre-enrollment form

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Earliest Date You Wish to Enroll : \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Program choice: Infant (6wks-17m) \_\_\_\_\_

Toddler(18m-2.5 yrs) \_\_\_\_\_

Primary(2.5 yrs-5yrs) \_\_\_\_\_

Please Note: The Person Listed below as Parent/Guardian will be considered the primary contact and the person we call and email throughout the enrollment process

**Guardian's Name:** \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Staff Only:

\$100 Application Payment: Check: \_\_\_\_\_ Cash: \_\_\_\_\_ Card: \_\_\_\_\_