Entry Date					
DÉS	FTF				
Tuition					
Initials _					



Withdrawal Date			
(Office Use ONLY)			

PRESCHOOL APPLICATION FOR ENROLLMENT

)ate:		Age:		_ Da	ate of Birth: _		
Enrollment Program (pl	ease indicate	days and hour	s of expe	cted	attendance):		
□Monday	From	AM/PN	/I to		_ AM/PM		
□Tuesday	From	AM/PN	/I to		_ AM/PM		
□Wednesday	From	AM/PN	/I to		_ AM/PM		
□Thursday	From	AM/PN	/I to		_ AM/PM		
□Friday	From	AM/PN	/I to		_ AM/PM		
Child's Name:							
Physical Address:	Stroot/Doo	t Office Poy			City	State	Zin
Day Time Telephone:	Street/Pos	Relon	ae to:		City	State	Zip
Day Time Telephone:			gs to		(Name o	of Parent)	
Primary language spoken	at home 🖵 E	nglish 🖵 Spa	anish 📮	Othe	r		
Gender: □Female □	Male	DES 🗖	Tuition		Scholarship		
AMILY							
Parent(s) / Legal Guard							
Relationship to student:	⊒Mother □	⊒ Father □ Ste	p-mother	□ St	tep-father 🛚 Otl	ner:	
(Mark all that apply)							(Describe)
Mailing Address: (If different f	rom applicant's) Str	eet/Post Office Box			City	State	Zip
Eather's Phone: Wester (``	Mahilar	`				·
Father's Phone: Work: (_)	Mobile: ()	⊏-r	naii address:		
Work Place:Name of C					T:41	e/Position	
name of C	ompany				110	e/Position	
Street/Post Office Box				Ci	ty State		Zip
Mother's Phone: Work: (,	Mahilar	`	_	:I		
wother 5 Phone. Work: ()	Mobile: (_)	E-	mail address:		
Work Place:Name of C						- /D iti	
Name of C	ompany				liti	e/Position	
Street/Post Office Box				Ci	ty State		Zip
					,		·
Siblings' Name and Ages	(Attending HP	A):					
Custody circumstances th	e school shou	ld be aware of*:					
		*055105	LISE ON	v. [Required docum	ontation (Co	urt Dooroo) in



APPLICATION FOR ENROLLMENT Page 2

utritional and dietary needs of your	r child. Please write down the instructions for these needs.
ild's susceptibility to illness and p	physical conditions to be considered. Please explain below
Illnesses:	
Dhysical conditions:	
Physical conditions:	
alth maintenance (allergies, etc.) t	to be considered. Please explain below.
rent's Signature	Date