

## PRE-ENROLLMENT APPLICATION

Today's Date:_		Desired Start Date:			
Child's Name:					
First		Middle		Last	
Birth Date:		or Due Date:		Gender:	F
Address:					
Street		City		Zip	
Mother's Name:		Email:		·	
Home Phone: _	Cell Phone:				
Father's Name: Email:					
Address (if diffe	erent than Mom's	):			
Home Phone: _	me Phone:Cell Phone:				
How did you he	ear about our scho	ool?			
Please indicate	the program(s) y	ou are enrolling y	our child in:		
Infants 6 weeks - 24 months:		- 11-		5 A d . d D (5 20 5 00)	
		Full Day PM(8:30-6:00) E			-6:00)
Desired D	ays of the Week			<del></del>	
Pre-Primary 2-3:	2.20)	Half Day AM/6:20 12	.20/	Eull Day (9:20, 2:00)	
Half Day (8:30-12:30) Full Day AM(6:30-3.00)		Full Day PM(8:30-6:00)			
Desired D	ays of the Week				
Primary 3-6:					
		Half Day AM(6:30-12:30)			
Full Day AM(6:30-3.00)				Extended Day (6:30	l-b:UU)
Desired D	ays of the Week				
Lunch Program:					
5 Day \$65pm		3 Day \$39pm		2 Day \$26pm	
START DATE	REGISTRATION FEE PAID	CHECK OR CASH	ROOM ASSIGNMENT	SCHEDULE	ENROLLMENT PKT/HANDBOOK