



Pre-Enrollment

Name Of Child	Date of Birth	Full/Time	Part/Time	Scheduled times of the week				
				M	T	W	TH	F
Example	4/30/2008	Yes	No	8:00 / 5:00	8:00 / 5:00	8:00 / 5:00	8:00 / 5:00	8:00 / 5:00
1								
2								
3								
4								

Print: Mothers Name

Print: Fathers Name

Address:

Address:

City:

State:

Zip Code:

City:

State:

Zip Code:

Home Phone:

Home Phone:

Work Phone:

Work Phone:

Cell Phone:

Cell Phone: