



Child's Name _____

Street Address _____

Town, State, Zip _____

Phone _____

Date of Birth _____

Sex: _____ Email: _____

Father's Name _____

Mother's Name _____

Emergency Contact (someone other than those listed above)

Name _____ Phone _____

Mother's Workplace _____ Phone _____

Father's Workplace _____ Phone _____

Enrolling for 2 day am ___ pm ___ 3 day am ___ pm ___ All day ___

Young Toddler _____ Older Toddler _____ Preschool _____

PreK _____ Kindergarten _____

Full day: Estimated arrival? _____ Pick up? _____

How did you hear about us? _____