



## PRE-ENROLLMENT APPLICATION

This document will not enroll your child or save you a spot. The purpose of this form is to place your child in our Waitlist Queue.

Date Received: \_\_\_\_\_ Child's Start Date: \_\_\_\_\_ (2½ yrs. \_\_\_\_\_) Deposit Amount: \_\_\_\_\_  
(For office use only)

Please complete this section in order of preference.

Campus Choice:

- Full Day: 7:00 AM - 5:45 PM  
 School Day: 8:30 AM - 3:00 PM  
 Half Day AM: 8:00 AM - 11:15 AM

- Ahwatukee  
 Chandler

Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Gender:  Male  Female

Child living with:  Both Parents  Mother  Father  Other

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Major cross streets \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Father's occupation: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

How did you hear about us?  Family/Friends  Online search  Social media  Other \_\_\_\_\_

What are your reasons for choosing AFM Education? \_\_\_\_\_

Is the child fully potty trained – yes / no / how close: \_\_\_\_\_

Child's health & general condition: \_\_\_\_\_

Any known birth injuries/physical handicaps? \_\_\_\_\_

Food and/or Other Allergies: \_\_\_\_\_

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_

Any health conditions in family having influence on child? \_\_\_\_\_

Sibling(s) & their age: \_\_\_\_\_

Previous school attended: \_\_\_\_\_

Signature: \_\_\_\_\_

A **\$75.00 non-refundable deposit** must accompany this pre-enrollment application.  
Please, pay with personal check, cash, or using our QuickBooks link.