



Date Received: _____

Deposit Amount: _____

(Office Use Only)

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.

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: _____

Program Selection

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

Toddler	
Full Day:	8:30 AM - 5:00 PM
School Day:	8:30 AM - 3:00 PM
Half Day AM:	8:30 AM - 11:30 AM

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

Referred By: _____

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

Child's health & general condition: _____

Food and/or Other Allergies: _____

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.