



2024-2025 Enrollment Application

Child's First Name _____ Child's Last Name _____

Child's Age _____ Child's Birthdate ____/____/____ Gender _____

Home Address _____

Parent's Name _____ Emergency Number _____

Email _____

Parent's Name _____ Emergency Number _____

Email _____

Schedule:

Full Day Session (7:30am-5:30pm) *Ages 2-5, Includes 2 snacks and lunch Choose one of the following:

____ Tuesday/Thursday

____ Monday/Wednesday/Friday

____ Monday - Friday

Does your child have a food allergy or medical condition we need to be aware of?

Does your child receive developmental services or have an IEP? (please provide a copy)

FOR OFFICE USE ONLY

____ Enrollment Fee ____ Email Confirmation ____ Classroom Code ____ Today's Date