

Little Learner's Preschool



Application for Enrollment

***** All Sections MUST be completed prior to enrollment *****

Child's Name: _____ Date: _____

Enrollment Schedule: Monday Tuesday Wednesday Thursday Friday **Full Days or Half Days**

Nickname or preferred Name: _____

Child's Date of Birth: _____

Child is living with: (Name) _____ (Relationship) _____

Child's Address: _____

Child's Home Phone: _____

Parent/Guardian Information:

Mother/Guardian/Domestic Partner Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

State Drivers License #: _____ Social Security #: _____

Employer: _____ Work Phone: _____

Email Address: _____

Father/Guardian/Domestic Partner Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

State Drivers License #: _____ Social Security #: _____

Employer: _____ Work Phone: _____

Email Address: _____

Parent's Marital Status: (Circle one) Married Single Divorced Widowed Separated

Information you think we should know about your Child: _____
