



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Preschool Application Form 2020-2021

Child's Name: _____ Gender Identity: _____
Last First Middle

Address:

_____ Street/Road City/Town Zip Code

Date Enrolled: _____ Date of Birth: _____

Mother's Name: _____

Home Number: _____ Cell Number: _____

Work Number: _____ E-mail address: _____

Father's Name: _____

Home Number: _____ Cell Number: _____

Work Number: _____ E-mail address _____

___ 2 day/Tuesday & Thursday 9:00AM-11:30AM

___ 2 day/Tuesday & Thursday with Enrichment 9:00AM-2:30PM

___ 3 day Monday, Wednesday, Friday 9:00AM-11:30AM

___ 3 day Monday, Wednesday, Friday 12:30PM-3:00PM

___ 3 day Combo Monday, Wednesday, & Friday 9:00AM-3:00PM

___ 5 day Monday-Friday 9:00AM-11:30AM

___ 5 day Monday-Friday 12:30PM-3:00PM

___ 5 day Combo Monday-Friday 9:00AM-3:00PM

___ Pre-K Monday-Friday 9:00AM-3:00PM

Allergy/ Special
Concern: _____