



3 Year Old Enrollment Form
2018-2019

() 2 Short Days (9:00-1:00, T/Th)

() 2 Full Days (9:00-3:00, T/Th)

Child's Name _____ Birth Date __/__/__ Sex__

Address _____ City, State, Zip _____

School District _____ Home Phone(____) _____

Does your child receive any special services? If Yes, please specify _____

Family Information

Mother's (Guardian) Name _____ Cell # _____

Occupation _____ Employer _____ Business # _____

Father's (Guardian) Name _____ Cell# _____

Occupation _____ Employer _____ Business# _____

Religion _____

E-mail address _____

Brothers & Sisters

Name _____ DOB _____ Name _____ DOB _____

* Child must be 3 years old by December 1st