



Student Information

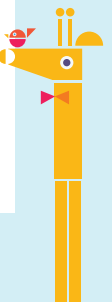
Child's Full Name (First, Middle, Last)		Please call my child by this name
Child's Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred Start Date

Parent/Guardian Information ①

Name	Relation to Child	Spouse	
Home Address	City	State	Zip
Occupation	Email Address		
Work/Day Telephone	Cell Phone		

Parent/Guardian Information ②

Name	Relation to Child	Spouse	
Home Address	City	State	Zip
Occupation	Email Address		
Work/Day Telephone	Cell Phone		





What enrollment option are you interest in?

Monday – Friday Full day Half day

Monday, Wednesday, Friday Full day Half day

Tuesday, Thursday Full day Half day

What previous group care or play experience does your child have?

What are your expectations of Preschool for your child?

Additional information about enrollment preference?

How did you hear about Little Urbanites Preschool?

Signature of Parent/Guardian

Date

Office Use Only

Date Received

Fee

Check#, Cash

Check Date

