

Class: 1st Choice: --- Enrolled In:

2nd Choice: --- _____

Enrolment Form

Early Scholars Preschool

Name of Child: _____

Date of Birth: _____ Male or Female: ---

Address: _____

Email: _____

Home Phone: _____

Parent/Guardian: _____ Cell Phone: _____

Address/Home Phone
(if different from above): _____

Work Address and Phone: _____

Parent/Guardian: _____ Cell Phone: _____

Address/Home Phone
(if different from above): _____

Work Address and Phone: _____

Emergency Contact: _____ Contact Phone: _____

Child's 1st language: _____ Child's 2nd language: _____

Person(s) authorized to pick up child (include parent(s)/guardian(s))

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____

Name: _____ Relationship to child: _____

Home phone: _____ Work phone: _____

Date of enrolment: _____

Signature of Parent/Guardian: _____

Signature of Supervisor: _____

Date of discharge: _____