

Prospective student for The Owl's Nest Preschool

Date visited _____

Parent's names _____

Address _____

City _____ State _____ zip code _____

Phone number _____

Child's name _____

Birthdate _____ sex _____ race _____

My child will be _____ years old on September 1st.

Name of siblings _____ age _____

Email: _____

Please answer the following questions:

How did you hear about us? _____

Reason for leaving previous school? _____

Check programs needed:

Lunch Bunch 11:30 - 3:00 (Tu/Thu)____ (Mon/Wed/Fri)____ (Mon-Fri)____

Stay and Play 3:00 - 5:00 (Tu/Thu)____ (Mon/Wed/Fri)____ (Mon-Fri)____

This is not a registration form, please schedule a visit Monday – Friday from 9:00 – 9:15.