



Primrose Preschool



Pre-Registration Form

Child's Name:		DOB:		Age:		
Parent's Name:		Cell:		Work:		
Parent's Name:		Cell:		Work:		
Address:				Email:		
Ideal start date:	# of days per week:	Ideal Schedule (check days you would prefer)				
		Monday	Tuesday	Wednesday	Thursday	Friday
Any other information you would like us to know?						
How did you hear about us?						