



2024-25 Kinderprep School Application

Date:

Child's First and Last Name:

Child's Birthdate:

Gender:

Circle desired days:

M T W TH F Full Week

Siblings Names:

Parent/Guardian First and Last Name:

Parent/Guardian First and Last Name:

Phone Number:

Secondary Phone Number:

Email:

Address:

City:

State:

Zip Code:

Behavioral/Educational Support Needed:

Parent/Guardian Signature:

Date: