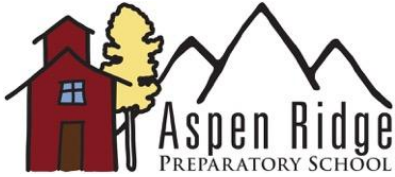


INTENT TO ENROLL FORM 2018-2019

FOR ALL NEW PRESCHOOL STUDENTS



Student Name: _____

Date of Birth: ____/____/____ Gender (circle one): Male/Female

Grade Level for 2018-2019 (circle one):

Preschool (3 yr old)

Pre-Kindergarten (4 yr old)

Siblings already enrolled in ARPS Preschool or PreK (if applicable): _____

Siblings already enrolled in ARPS (if applicable): _____

Parent/Guardian(s): _____

Home Phone: ____ - ____ - ____

Cell Phone: ____ - ____ - ____

Cell Phone: ____ - ____ - ____

Email Addresses: _____

Primary Address: _____

School district in which student resides: _____

Preschool Enrollment Preference:

Preschool classes are designed for students who are 3 years old by September 1st, 2018 and toilet trained.

Please Designate 1st & 2nd choice:

_____ Tuesday/Thursday 8:15-11:00 am

_____ Mon, Wed, Fri 8:15-11:00 am

Pre-Kindergarten Enrollment Preference:

Pre-Kindergarten classes are designed for students who turn 4 years old by October 1st, 2018.

Please Designate 1st & 2nd choice:

_____ Monday -Thursday 8:15-11:00 AM

_____ Monday - Thursday 12:15-3:00 PM

I understand that by submitting this form, I am applying for admission to ARPS Preschool/PreK Program for the 2018-2019 school year and my child will be entered into the ARPS Enrollment Lottery. I will be notified via email immediately following the Enrollment Lottery of the status of this application. If selected for enrollment, I must complete the enrollment process within two weeks of notification in order to hold my child's position within the school and confirm enrollment. The details of this process will be outlined in the notification email and will include an online registration through St. Vrain Valley School District and a registration fee. I am responsible for notifying the office of any contact information changes.

PARENT/GUARDIAN SIGNATURE

DATE