

Application for 2026

Requested Start Date: _____ Child's Birth Date: _____

Child's Name: _____ Boy Girl

Parent's Name: _____

Home Address: _____

Contact Info:

Phone Number:

Email Address: _____

When space is available, we will contact you at the primary email address listed above. Please respond within 48 hours of receiving the notice that you would like to accept the spot and enroll your child.

Upon confirming we will send you the required enrollment items to complete your enrollment.

Please circle desired schedule below.

Full Time: M-F 7:30-5:30

Part Time: M-F 7:30-12:30 or 3 Days (M, T, W, Th, F) 7:30-5:30

You must submit a fee of \$25 with this form, in order to process your application. A service charge of \$25 will be imposed for returned checks. This fee is non-refundable and non-transferable. Please note that there is no guarantee of entrance into the preschool. Tuition rate is subject to change. Priority is given to siblings of existing students currently enrolled.

Please initial here for agreement: _____ Administrative use only

Received By: _____ Date and Time Application Received: _____

Check #: _____ Check Amount: _____ Note: _____

Referred By: _____