



## Student Information

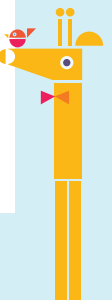
Child's Full Name (First, Middle, Last)		Please call my child by this name
Child's Birthdate	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Preferred Start Date

## Parent/Guardian Information ①

Name	Relation to Child	Spouse	
Home Address	City	State	Zip
Occupation	Email Address		
Work/Day Telephone	Cell Phone		

## Parent/Guardian Information ②

Name	Relation to Child	Spouse	
Home Address	City	State	Zip
Occupation	Email Address		
Work/Day Telephone	Cell Phone		





## What enrollment option are you interest in?

Monday – Friday  Full day  Half day

Monday, Wednesday, Friday  Full day  Half day

Tuesday, Thursday  Full day  Half day

## What previous group care or play experience does your child have?

## What are your expectations of Preschool for your child?

## Additional information about enrollment preference?

## How did you hear about Little Urbanites Preschool?

**Signature of Parent/Guardian**

**Date**

## Office Use Only

Date Received

Fee

Check#, Cash

Check Date

