HIDDEN TREASURES PRESCHOOL

ENROLLMENT FORM

Date_____

Child's Full Name _____
Last First MI

Birth Date _____ ❑ Male ❑ Female

Mother's Full Name_____
Last First MI

Address _____ Zip _____-_____

Phone No. (Check best to call)

❑ Home (_____)_____ ❑ Cell (_____)_____ ❑ Work (_____)_____

Father's Full Name _____
Last First MI

Address _____ Zip _____-_____

Phone No. (Check best to call)

❑ Home (_____)_____ ❑ Cell (_____)_____ ❑ Work (_____)_____

E-mail Address _____

Emergency Contact _____ Phone (_____)_____

Anticipated year of entrance: September 20_____

❑ Tuesday / Thursday Group – 9:00 to 1:00 (3-year olds)

❑ Monday / Wednesday / Friday Group – 9:00 to 1:00 (4 to 5-year olds)

Have any family members previously attended Hidden Treasures Preschool? ❑ Yes ❑ No

Name(s) _____ Date(s) _____

Relationship to Applicant _____

Please return this Enrollment Form as soon as possible to ensure enrollment as we have a capacity of 12 students. If enrollment is exceeded, applicants will be placed on a wait list. Be sure to keep us informed of any changes in your contact information.

For Hidden Treasures Preschool Use Only	
Date Visited	Date Received

Jackie Allen
Teacher

Hidden Treasures Preschool
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(831) 423-6463

Jaime Allen
Teacher