



### Pre-Registration Form

Date of Inquiry: \_\_\_\_\_

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

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Parent/guardian's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

If child is between 12-24 months, are they drinking whole milk? \_\_\_\_\_

Are there any allergies, special conditions, or behavioral concerns?

\_\_\_\_\_  
\_\_\_\_\_

Is the child toilet trained? \_\_\_\_\_

Anticipated or desired start date: \_\_\_\_\_ Classroom: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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For office use only

\_\_\_\_\_ Accepted, start date \_\_\_\_\_

Registration fee paid \_\_\_\_\_

\_\_\_\_\_ Waitlisted