

Creative Kids Learning Garden Preschool

License #197415115

Admission Application

Child's Name _____ Date of Birth _____

Parent (Legal Guardian)1: Name _____ Phone _____ Address _____ zip _____ cell _____

Parent (Legal Guardian)2: Name _____ Phone _____ Address _____ zip _____ cell _____

Are there any issues or special circumstances with your child we should be aware of?

What are your goals/intentions for a preschool experience for your child?

How many days would you like your child to attend? (select one)

5 days (M-F) 3 days (M,W,F) 2 days (T,TH)

Are you interested in after school enrichment classes which would extend your child's day until 2:00pm? _____ If so, how many days per week? _____

Date of Application _____

I certify that I am the parent or legal guardian of this child, and am authorized to make decisions for this child.

Parent Signature

Date