



Preschool Enrollment Form

STUDENT'S NAME _____

BIRTHDAY _____ AGE _____

CLASS (CIRCLE PREFERENCE): 3-YEAR-OLD OR 4-YEAR-OLD FOR YEAR _____

ADDRESS _____

CITY _____ ZIP _____

MOTHER'S NAME _____ CELL NUMBER _____

EMPLOYER _____ WORK NUMBER _____

FATHER'S NAME _____ CELL NUMBER _____

EMPLOYER _____ WORK NUMBER _____

EMAIL ADDRESS _____

EMERGENCY CONTACTS (PLEASE LIST AT LEAST 2 OTHER THAN PARENTS)

Name *Cell Number*

Name *Cell Number*

Name *Cell Number*

LIST OTHERS WHO MAY PICK UP YOUR CHILD



SIBLING(S):

NAME _____ DOB _____ NAME _____ DOB _____

NAME _____ DOB _____ NAME _____ DOB _____

I DESIRE TO ENROLL MY CHILD AT TAYLOR LEARNING CENTER AT THIS TIME. I FURTHER CERTIFY THAT I AM THIS CHILD'S PARENT/GUARDIAN. I UNDERSTAND THAT I AM RESPONSIBLE FOR TUITION OF THIS CHILD. I HAVE ENCLOSE \$85 FOR THE ENROLLMENT, WHICH I UNDERSTAND IS NONREFUNDABLE.

SIGNED _____

DATE _____