



APPLICATION FOR ENROLLMENT

Personal/ Family Information

All Parent/ Guardian Names (First and Last) Address Phone & email
Name/s and Birthdate/s of child/ren for registration
Is this child/rens first preschool experience? Yes No Where was prior attendance? Why did you leave?
Siblings Names and Ages

Employment For Parent/ Guardian (adult's name) _____

Month/ Year	Employer	Address	Phone
From:			
To:			

Employment For Parent/ Guardian (adult's name) _____

Month/ Year	Employer	Address	Phone
From:			
To:			

How did you hear about us? _____

Who Referred you to PRCP? _____

Personal References

Name	City, State	Phone

Nearest Relatives

Name / Relationship	City, State	Phone

Signature _____ Date _____

..... For Office Use

Approved _____ Date _____

Class _____ Waiting List _____