



Enrollment Application

<i>Office use only</i>	
Date Received:	_____
Check #:	_____
Tour Date:	_____
Enrolled:	_____

Child's Full Name: _____ Nickname: _____ Gender: _____

Today's date: _____ Enrollment for School Year _____ Requested Start date: _____

Date of Birth: _____ (If birthdate is Sept. - Dec. do you plan on attending TK when the child is turning 4? _____)

What is the child's planned kindergarten start date? _____

To help us provide optimum diversity in the school, please indicate your Child's ethnic background (providing information is voluntary):

Language(s) spoken at home: _____

Where and when has your child had group play experience(s): _____

Contact Information

Home Address _____ City _____

Zip: _____ Home Phone: _____

Parent(s) Guardian(s)

Name:	Name:
Relationship to child:	Relationship to child:
Occupation	Occupation
Employer	Employer
Cell phone	Cell phone
Email	Email

Parent Marital Status: Single Married Divorced Separated other

Sibling(s) names and ages: _____

How did you hear about Coastal Community Preschool? _____

What Schedule are you requesting? You can indicate 1st, 2d, 3d choices:

- ____ Half Day (8:30-12:30)
- ____ 4:30 day (8:30-4:30) ____ M-F ____ MWF ____ TTH ____ Four day
- ____ Full Day (7:30-6:00)

A one-time **non-refundable \$50.00 Application Fee** must accompany your initial application.

Payment of a yearly non- refundable enrollment fee of \$350.00 is required upon notification of space available.

Parent Signature

Dates