

ENROLLMENT APPLICATION

Days Desired: (Circle one) MWF TTh MTWThF



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

Other Family Members & Ages: \_\_\_\_\_

Does your child have any special needs for each of the following?

Diet: \_\_\_\_\_

Sleep: \_\_\_\_\_

Allergy: \_\_\_\_\_

Other: \_\_\_\_\_

Does your child have any medical conditions we should be aware of? \_\_\_\_\_

Child's Interests: \_\_\_\_\_

Does your child have any experiences or attributes that would help our teacher better understand her/him? \_\_\_\_\_

With whom does your child spend most of his/her time? \_\_\_\_\_

What group experience has your child had? \_\_\_\_\_

Where did you learn about our school? \_\_\_\_\_

What do you hope your child will learn and gain from our preschool? \_\_\_\_\_

Please list any hobbies or abilities that you (parents) can share with our school: \_\_\_\_\_

\*\*\* In order to reserve a place on our waiting list, please submit a one-time \$20 application fee with this form. Upon enrollment, a non-refundable, one month tuition deposit will be due to secure your child's place. Checks may be made payable to East Ithaca

Preschool and sent along with this form to:

East Ithaca Preschool Registrar  
1825 Slaterville Rd.  
Ithaca, NY 14850

For Registrar Use:

Date Rec'd: \_\_\_\_\_

App. Fee: \_\_\_\_\_

Enrolled: \_\_\_\_\_

Deposit: \_\_\_\_\_