Pre-Registration Form

This form is for information-gathering purposes only. Enrollment is completed through a separate process.

Parent / Guardian Information:

Registration Date: _____

Requested Start Date:_____

Parent/Guardian 1 – Full Name: _____

Phone Number: _____

Email Address: _____

Address: _____

Parent/Guardian 2 – Full Name (if applicable): _____

Phone Number: _____

Email Address: _____

Child Information

Child's Full Name: _____

Preferred Name: _____

Date of Birth: _____

Requested Program / Class:_____

Days Requested (M–F) / Full or Half Day: _____

Health & Additional Information_____

Medical conditions, allergies, or special care needs:

Parent / Guardian Signature

Signature: _____ Date: _____