Scan & Email form to Amanda at: office@azurehillspreschool.org



Parent/Guardian's Signature

Pre-Enrollment Form

Child's Name:	FIRST		LACT		Child's Birthdat	te:/
Name of person sub		М. І.	LAST			
How are you related						
Email Address: Phone number:						
Parent 1: First & Las						
Parent 1: Email:						
Parent 2: First & Las						
Parent 2: Email:						
	Additional I	nformatio	n – Please d	circle the Yes	/ No questions	
What is the name of	the child's curre	ent or previo	ous school? _			
Has the child been e	xpelled from an	other cente	r? Yes/No)		
What is the primary I	anguage spoke	n in your ho	me?			
Has the child ever be	en recommend	led for, teste	ed for, or qua	alified for Spec	ial Education Se	rvices? Yes / No
Does the child have	an IEP (Individเ	ualized Educ	cation Progra	nm)? Yes / N	10	
Please note the	at Azure Hills	Children's	s Center <u>De</u>	oes Not Offe	<u>r</u> Special Educ	cation services
Is the child potty train	ned? (Circle On	e): Haven't	Started J	lust Starting	Almost There	Mastered it!
Who has Legal Cust	ody of child (Cir	cle One): I	Both Parents	Mother	Father	Other
If other, please expla	ain:					
Who will be responsi	ible for tuition pa	ayments? (0	Circle One):	Mother Fath	er Other Co	unty Assistance
If County Assistance	, which agency	?:				
Please tell us how yo	ou heard about	Azure Hills	Children's Ce	enter? (Circle (One):	
Internet Search	Referred by S	omeone	Church	Bulletin	Other:	
Please return this co contact you. Please and is due upon enro	note, there is a	registration	fee of \$250			
Day and Hours Des	ired (Check Ma	ark):				
Half Days	: 6:00AM-12:00	PM F t	ull Days: M-	ΓH: 6:00AM-6:	00PM, Fridays 6	:00-AM-5:00PM
	MON	TUE	WED	THU	FRI	
What date would you	ı like enrollmeni	t to begin? _			<u>-</u> -	
We will do everything based upon availabil	• .	eet your nee	eds, but we a	re unable to g	uarantee start da	ites. Enrollment is

Date