

Children's All Day School

Preschool Application

(Please print clearly and write above the line)

Please attach a recent
photograph of the applicant
(optional)

Child's full name Gender Nickname

Country of birth Date of birth For entrance (check one) Immediate Fall 2016

Program (check one)

Full time (5 full days per week) Part time (check one): 3 full days per week 4 full days per week 5 Mornings

Siblings name(s) age(s) and school(s) attending

Parent Cell Phone Home Phone

Home address (including zip code) E-mail address

Business (name of firm) Business address Business Phone

Type of business Position held

Parent Cell Phone Home Phone

Home address (including zip code) E-mail address

Business (name of firm) Business address Business Phone

Type of business Position held

Child's previous school or child care

How did you learn about C.A.D.S.? (If referred by a friend, please provide full name.)

What are your goals for your child while he or she is at C.A.D.S.?

Please describe at least two expectations you have of Children's All Day School.

AN APPLICATION FEE OF \$50 MUST ACCOMPANY THIS FORM

Signature

(Please print your name)

Date