



Pre-Enrollment Form

Child's Name: _____ Birthdate: ____/____/____
Last First Middle Initial

Name of person submitting form: _____

How are you related to the student? (i.e. mother, guardian, grandfather) _____

Email Address: _____ Phone number: _____

Mother's First & Last Name: _____

Mother's Email: _____ Mother's Cell: _____

Father's First & Last Name: _____

Father's Email: _____ Father's Cell: _____

Additional Information – Please *circle* the Yes / No questions

What is the name of the child's current or previous school? _____

Has the child been expelled from another center? Yes / No

What is the primary language spoken in your home? _____

Has the child ever been recommended for, tested for, or qualified for Special Education Services? Yes /No

Does the child have an IEP (Individualized Education Program)? Yes / No

Is the child potty trained? (Circle One): Haven't Started Just Starting Almost There Mastered it!

Please note that Azure Hills Children's Center Does Not Offer Special Education services.

Who has Legal Custody of child (Check One): Both Parents Mother Father Other

If other, please explain: _____

Who will be responsible for tuition payments? (Check One): Mother Father County Assistance Other

Please tell us how you heard about Azure Hills Children's Center? (Check One):

Internet Search Referred by Someone Church Bulletin Other: _____

Please return this completed form to Azure Hills Children's Center. Once a spot becomes available we will contact you. Please note, there is a registration fee of \$250 (per child). The registration fee is **non-refundable** and is due upon enrollment and annually on July 1.

Day and Hours Desired (Check Mark): ____ Half Days: 6:00AM-12:00PM ____ Full Days: 6:00AM-6:00PM
MON ____ TUE ____ WED ____ THU ____ FRI ____

What date would you like enrollment to begin? _____

We will do everything possible to meet your needs, but we are unable to guarantee start dates. Enrollment is based upon availability.

Parent/Guardian's Signature

Date