Child Information Form

Please complete all information below.

Child's Full Name	_____
Preferred Name/Nickname	_____
Date of Birth	_____
Gender	■ Male ■ Female
Home Address	_____
City	_____
State	_____
ZIP Code	_____
Primary Language	_____
Enrollment Date	_____
Desired Start Date	_____
Days Attending	■ Mon ■ Tue ■ Wed ■ Thu ■ Fri
Arrival Time	_____
Departure Time	_____

For Office Use: Classroom: _____ Teacher: _____