



Enrollment Inquiry Form

Name of Child _____ Boy _____ Girl _____

Child's Date of Birth ____/____/____ Age as of upcoming September 1st _____

Parent/Guardian Names _____

Address _____

Mailing Address (if different than above) _____

Email Address _____

Primary Phone _____ Secondary Phone _____

How did you hear about our center? _____

CHECK THE PROGRAM YOU ARE INTERESTED IN:

____ Preschool Full Day Program (3-5 Years) 7:30 a.m. – 5:30 p.m. Number of days? _____

____ Older Toddler Full Day Program (2 Years) 7:30 a.m. – 5:30 p.m. Number of days? _____

____ Young Toddler Full Day Program (1 Year) 7:30 a.m. – 5:30 p.m. Number of days? _____

____ Infant Full Day Program (6 weeks- 12 months) 7:30 a.m. – 5:30 Number of days? _____

Please specify your enrollment needs here and note if you would like to be added to the waiting list:

Thank you for considering George School Children's Center. If you have any questions regarding enrollment, please don't hesitate to call or email us. We will be in contact with you soon.

Sincerely,

Pamela McCullough, Director

Rev 12.23