



Enrollment Inquiry Form

Name of Child \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Child's Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_\_ Age as of upcoming September 1<sup>st</sup> \_\_\_\_\_

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.