



## Request for Future Enrollment

<b>STUDENT INFORMATION</b>			
Last Name	First	M.I.	Birthdate
Street Address		Year Entering Kindergarten	
City	State	ZIP	
Phone	E-mail Address		
Gender:    MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		Primary Language	Food Allergies
<b>PARENT INFORMATION</b>			
Parent /Guardian Name		Home Phone	Cell Phone
Email		Work Phone	
Parent/Guardian Name		Home Phone	Cell Phone
Email		Work Phone	
Student Lives With:    Mother    Father    Both    Guardian    Other:			
Sibling was a student at Performing Arts Preschool:    Yes    No			If yes, name of sibling: _____
<b>FUTURE ENROLLMENT</b>			
Please check the session in which you wish to enroll:  <input type="checkbox"/> Fall 2017 <input type="checkbox"/> Fall 2019 <input type="checkbox"/> Spring 2018 <input type="checkbox"/> Spring 2020 <input type="checkbox"/> Fall 2018 <input type="checkbox"/> Spring 2019		Please select which program you choose to enroll in:  _____ 2-Day (TR- 3 by Sept. 15)  _____ 3-Day (MWF-4 by Nov. 15 or if openings, 3 by Sept. 15, as priority is to pre-K 4-year-olds)  _____ 5-Day (MTWRF-4 by Sept. 15/Intent for K following year)	
How did you hear about us?			

**OFFICE USE ONLY:**  
 Date Received: \_\_\_\_\_  
  
 Notes: \_\_\_\_\_  
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