



**THE VILLAGE SCHOOL ENROLLMENT FORM
PRESCHOOL
2010-2011**

Student's Information

Last Name _____ First Name _____ MI _____
 Preferred Name _____ Gender **M** **F** Date of Birth ____/____/____
 Address _____
 City _____ ST _____ Zip _____ Phone _____
 Race: Caucasian African American Asian Hispanic Other _____
 Last 4 digit of SS# _____ Church Affiliation _____
 Allergies/Restrictions _____
 Child's Physician _____ Phone _____

Do you wish to be included in the School Directory? Yes _____ No _____
 (If NO, only your child's name will be listed as part of a class roster)

Father's Information

Name _____ Last 4 digits of SS# _____
 Address (if different from student) _____
 City _____ ST _____ Zip _____ Church Affiliation _____
 Occupation _____ Employer _____ Marital Status _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Primary E-mail _____
 Legal Custody of Child **Y** **N** Permitted to remove child from school **Y** **N** (legal documentation req'd)

Mother's Information

Name _____ Last 4 digits of SS# _____
 Address (if different from student) _____
 City _____ ST _____ Zip _____ Church Affiliation _____
 Occupation _____ Employer _____ Marital Status _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Primary E-mail _____
 Legal Custody of Child **Y** **N** Permitted to remove child from school **Y** **N** (legal documentation req'd)

Please check the class that your child should be enrolled in for the **2010-2011** school year.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Infants | <input type="checkbox"/> Pre-K Twos Fulltime | <input type="checkbox"/> Pre-K Threes Fulltime | <input type="checkbox"/> Pre-K Fours School Day |
| <input type="checkbox"/> Ones Fulltime | <input type="checkbox"/> Pre-K Twos Mon-Wed-Fri | <input type="checkbox"/> Pre-K Threes 5 Half Days | <input type="checkbox"/> Pre-K Fours 5 Half Days |
| <input type="checkbox"/> Ones Mon-Wed-Fri | <input type="checkbox"/> Pre-K Twos Tue-Thu | <input type="checkbox"/> Pre-K Threes Mon-Wed-Fri | |
| <input type="checkbox"/> Ones Tue-Thu | | <input type="checkbox"/> Pre-K Threes Tue-Thu | |
- After Care (Optional) Monday Tuesday Wednesday Thursday Friday

Office Use Only
 Registration Fee _____ Check # _____ Date _____ Time _____