

Emeline Preschool Center

Enrollment Inquiry / Wait List Application

Parent(s) Name(s): _____

Home Number(s): _____

Work Number(s): _____

Address: (1) _____

(2) _____

Child / Children's Name(s): _____

Birthdate(s): _____

Gender: M F

Desired Start Date: _____

Desired Schedule:

Part Time / Full Time

<u>Mon</u>	<u>Tues</u>	<u>Weds</u>	<u>Thru</u>	<u>Fri</u>
AM	AM	AM	AM	AM
PM	PM	PM	PM	PM

Income (Per Month): Low / Middle / High

(<3057 / 3058 - 5558 / 5559 +)

Notes: _____
