



Academy Life Starts Here

Parents Name: _____

Address: _____

Parents' Contact: _____

Name of Child 1 : _____
PRINT NAME

Child 1 Date of Birth: _____ Gender : Male Female

Name of Child 2: _____
PRINT NAME

Child 2 Date of Birth: _____ Gender : Male Female

Type of Enrollment : Full Time Part Time

Type of Program : Toddler Preschool Phase I Preschool Phase 2

Preferred Date of Enrollment (Optional): _____

Signature

Date