



Name of child:

Gender:

Birth date:

Address:

Home phone:

Parent #1 name:

Business phone:

Occupation:

E-mail:

Parent #2 name:

Business phone:

Occupation:

E-mail:

Home address  
(if different):

Home phone:

What would you like your child to experience at preschool?

Are there areas of development you would like us to help your child concentrate on?

What are your child's interests?

Has your child had other experiences in care outside of your home?

Does your child have any siblings? Please list names & ages.

What would you like to experience as a member of the Young Wonders community?

Children who attend Young Wonders Preschool begin and end with a cohort group. Is there any reason why your child would not be able to attend until they begin kindergarten?

How did you hear about Young Wonders Preschool?

What is your preferred schedule and date you would like your child to begin?

Parent Signature

Date

Parent Signature

Date

Thank you for your interest in Young Wonders Preschool!