

Preschool Enrollment Package

Childs' Name						
Date of Birth						
Age						
Gender						
Has your child been to a Preschool before?						
If Yes, Where and for How long?						
Weekly \$Full Time 5 days						
Monthly \$Full Time 5 days						
Monthly \$Full Time 3 days						
Weekly \$Full Time 3 days						
Monthly \$Full Time 2 days						
Weekly \$Full Time 2 days						
Matrix		Mond ay	Tues day	Wed nesd ay	Thurs day	Frida y
	Brea kfast	✓	✓	✓	✓	✓
	Lunc h		✓			✓
	Snac k				✓	
Matrix Hours of Care (2)						
	Hour s of Care (ex 9-5)					
Request starting date						
How did you hear about us						
Mother's Name						
Social Security #						
DL #						
Address						
City						

State	
Zip	
Email	
Home Phone	
Place of Employment	
Cell Phone	
Job Title	
Work Phone	
Fathers's Name	
Social Security #Father	
DL #Father	
AddressFather	
CityFather	
StateFather	
ZipFather	
EmailFather	
Home PhoneFather	
Place of EmploymentFather	
Cell PhoneFather	
Job TitleFather	
Work PhoneFather	
Custody Information	
Marital Status	Select value
List any allergies your child has	
My child excels in	
My child needs help in	
Parent's evaluation of child's personality	
Does your child have any special needs/problems/fears?	
Additional information we should know about your child	
Date	
Parent/Guardian's Signature	



I/We the undersigned parents/legal guardian(s) of

01. Pay tuition at a weekly rate of

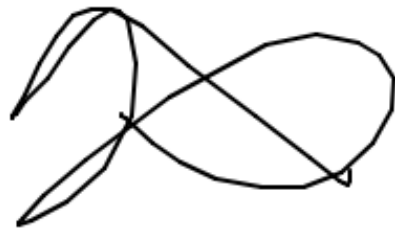
Monthly rate of

15. I/ We, the undersigned parents of legal guardians of

17. It is understood that as the parent(s) or legal guardian(s) of

Dated

AUTHORIZED REPRESENTATIVE OF KIDS ADVENTURE



PARENT OR LEGAL GUARDIAN SIGNATURE




Matrix01

	Weekl y or M onthly	Discou nt Type / Amou nt	Classr oom	Total Tuition

Matrix02

	In	Out
Monday		

	Tuesday		
	Wednesday		
	Thursday		
	Friday		
Childs Name:			
Birth Date:			
Today's Date:			
1. How many wet diapers a day approx.:			
2. How often does your child have a bowel movement:			
3. Any special comments or concerns in reference to diapering/toileting:			
4. Method preferred for toilet training:			
5. Specific equipment used and time line of use as directed/provided by parent as well as a timeline of introduction of appropriate clothing:			
Parents Name			
Date(Toilet planing)			
Center Representative:			
Daytime Phone# :			
Date Toilet planing 2			
Signature (Toilet planing)			
Child's Name:			
Classroom:			
Contact 1 Name			
Contact 1 Cell Phone #			
Email 1			
Contact 2 Name			
Contact 2 Cell Phone #			

Email 2