

Preschool Enrollment Package

Childs' Name	rjhughu					
Date of Birth	02/06/2024					
Age	1 years					
Gender	Male					
Has your child been to a Preschool before?	tyjkpop					
If Yes, Where and for How long?	1					
Weekly \$Full Time 5 days	5					
Monthly \$Full Time 5 days	4					
Monthly \$Full Time 3 days	4					
Weekly \$Full Time 3 days	4					
Monthly \$Full Time 2 days	4					
Weekly \$Full Time 2 days	4					
		Monday	Tuesday	Wednesday	Thursday	Friday
Breakfast	✓					
Lunch	✓					
Snack	✓					
Hours of Care						
Hours of Care (ex 9-5)	4	2	1	1	1	
Request starting date	02/13/2025					
How did you hear about us	rtdhdh					
Mother's Name	rsdtjukty					
Social Security #	wesryhrfj					
DL #	Meyer					
Address	ershyre					
City	retreat					

State	eyry
Zip	44634
Email	fdhdfx@gmail.com
Home Phone	2015550132
Place of Employment	ergghrftgyhg
Cell Phone	252333523
Job Title	rthojort
Work Phone	
Fathers's Name	fhpoitjit
Social Security #Father	regihiteiuwe
DL #Father	weriggjioer5
AddressFather	ehtiojte
CityFather	waeogjh
StateFather	wew4gerre
ZipFather	wigwag
EmailFather	wgtwer@gmail.com
Home PhoneFather	
Place of EmploymentFather	terhjtioer
Cell PhoneFather	
Job TitleFather	erhtoj0rtoy
Work PhoneFather	
Custody Information	qaepoghjhet
Marital Status	Married
List any allergies your child has	eatheht
My child excels in	reyherret
My child needs help in	rearer
Parent's evaluation of child's personality	erhrethert
Does your child have any special needs/problems/fears?	rehire
Additional information we should know about your child	rear
Date	02/18/2025
Parent/Guardian's Signature	

--	--

I/We the undersigned parents/legal guardian(s) of	5o6i7
---	-------

01. Pay tuition at a weekly rate of	iu5hy4iuhy6
-------------------------------------	-------------

Monthly rate of	ytomjoty
-----------------	----------

15. I/ We, the undersigned parents of legal guardians of	5tryjncyjt
--	------------

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

Dated	
-------	--

AUTHORIZED REPRESENTATIVE OF KIDS ADVENTURE	
---	--

PARENT OR LEGAL GUARDIAN SIGNATURE	
------------------------------------	--

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

	In	Out
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Childs Name:	
--------------	--

Birth Date:	
-------------	--

Todays 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# :	
DateToilet 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	