



Pre-enrollment Form

Child's Name _____ Date of Birth _____

Home Address _____

Mailing Address (if different) _____

Home Phone (____) _____ Mobile Phone (____) _____

MOTHER or guardian _____ Occupation _____

Employer Work Address _____ Work phone (____) _____

Mobile Phone (____) _____

FATHER or guardian _____ Occupation _____

Employer Work Address _____ Work phone (____) _____

Mobile Phone (____) _____

Requested Days of Attendance: (Please Circle)

Infant or 2s & 3s

Monday am pm

Tuesday am pm

Wednesday am pm

Thursday am pm

Friday am pm

I may need early care.

I may need late Care.

Preschoolers (4-6)

Tues/Thursday

M/W/Friday

M-F

After-School Enrichment

*Special accommodations for part time care may be negotiated upon an agreement with R.O.O.T.S.

*10% discount off of oldest sibling for children attending more than 2 days per week.

When would you like to your child to begin at R.O.O.T.S.? _____ 2006

Month, Day