

OPTIMAL LEARNING CENTERS

PRE-ENROLLMENT APPLICATION

Student _____ DOB _____ M or F _____

Student _____ DOB _____ M or F _____

Student _____ DOB _____ M or F _____

Parent's Information:

Mother _____ Father _____

Home Address:

Father Work Phone No _____ Employer _____

Mother Work Phone No _____ Employer _____

E-mail Address: Mother _____ Father _____

Requested Enrollment Date: _____

Enrollment Status (circle one): Full-time: M-F Part-time: M, W, F Tu, Th

INDICATE PROGRAM BELOW:

Infant/Toddler

_____ Full-time (6 wks – 24 mo.)

Junior Pre-K:

_____ Full-time Preschool (2-4 years)

_____ Part-time Preschool (2-4 years) Days: _____

_____ Preschool (mornings only/ 8:30 – 12)

Pre-K:

_____ Full-time (3-4 years) Days: _____

_____ Part-time (part-time full days)

_____ Part-time (morning Enrichment)

Kindergarten/Enrichment

_____ Full-time (4-6 years)

_____ Part-time (morning only: 8:30-12)

B/A School:

_____ B/A School (Kinder-8th grade)

Summer Adventures in Learning (SAIL)

_____ Summer Program (K-8th grade)