

OPTIMAL LEARNING SCHOOL & CENTERS
PRE- ENROLLMENT APPLICATION

Date: _____

DATE OF APPLICATION: _____

Student _____ DOB __/__/____ M or F.

Student _____ DOB __/__/____ M or F.

Student _____ DOB __/__/____ M or F.

ENROLLMENT STATUS: (please circle one)

Full Time M-F

Part-Time M,W,F

Part-Time Tu Th

PARENT/GUARDIAN INFORMATION:

MOTHER

NAME: _____

ADDRESS: _____

PHONE: HOME: _____ WORK: _____ CELL: _____

EMAIL: _____

FATHER

NAME: _____

ADDRESS: _____

PHONE: HOME: _____ WORK: _____ CELL: _____

EMAIL: _____

REQUESTED ENROLLMENT DATE: _____

PLEASE INDICATE WHICH PROGRAM YOU ARE ENROLLING FOR BELOW:

____ **INFANT TODDLER**
Full Time (6 wks.-24 mo.)

____ **KINDERGARTEN/ENRICHMENT (4-6 years)**
____ Full Time M-F

____ **JUNIOR PRE-K (2-4 years)**
____ Full Time PRESCHOOL
____ Part Time PRESCHOOL All day _____ days.
____ Half Day PRESCHOOL(8:30a-12p)

____ **B/A SCHOOL (KINDERGARTEN-6th GRADE)**
____ BEFORE & AFTER SCHOOL
____ BEFORE SCHOOL ONLY
____ AFTER SCHOOL ONLY

____ **PRE-K (3-4 years)**
____ Full Time M-F PRESCHOOL
____ Part Time PRESCHOOL All day _____ days.
____ Enrichment M-F PRESCHOOL (8:30-12)

____ **SUMMER CAMP**
____ SESSION I
____ SESSION II
____ SESSION III
____ SESSION IV