

Treasure Garden Nursery School

Enrollment Application

After this application is accepted and you choose to enroll, a non-refundable enrollment fee will be charged. *This is the most important form as the first step.*

Mother's Name: _____ Tel: _____

Father's Name: _____ Tel: _____

E-mail: _____

Child's Name: _____ Birth date: _____

Age the child will be when enrolled: _____

Requested first day of care: _____

Home Address: _____

Places of Employment:

Mother: _____ Hours: _____ to _____

Days you will be working (Check all that apply)

Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___

Father: _____ Hours: _____ to _____

Days you will be working (Check all that apply)

Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___

Requested Care

Please indicate (check) which days/hours you are seeking care:

Hours	Monday	Tuesday	Wednesday	Thursday	Friday
Morning (8:30 – 12:30)					
Afternoon (12:30 – 3:30)					

Are you flexible about which days or how many days you want?

How did you find about Treasure Garden Nursery School?

Are you interested in any other class, such as, simplicity parenting class or parent-child class on line if we offer? Please tell us what kind you are looking for.

Any food, plant, or animal allergies or other health conditions?

Is there another classes and school you have (or currently) attended?
