



Forest Rose School Preschool Application

Application Date: _____

Desired Enrollment Date: _____

Child's Name: _____
Last First M.I.

Date of Birth: _____

Address: _____
Street City/Zip

Father's Name: _____
Last First M.I.

Mother's Name: _____
Last First M.I.

Home Phone: _____ Cell Phone: _____

Email: _____

*Applicants must reach the age of three by August 1st of the enrollment year.

I am interested in setting up a time to tour the facility and would like to learn more about the preschool program. Please consider this application for enrollment into the Early Childhood Center at Forest Rose School.

Parent Signature: _____

FOR OFFICE USE ONLY

Correspondence / Notes:

Screening Date: _____

Additional Notes:

