

Pre-Enrollment Worksheet

Child Date of Birth: _____ Sex: M _____ F _____

Child's Name: _____

Child's Address: _____ City: _____ Zip Code: _____

Phone Number: _____ Alternate Phone Number: _____

Alternate Phone Number: _____ E-mail: _____

Parent/Guardian's Name: _____

Parent/Guardian's Name: _____

Number of ALL (self, children, and other adults) household members for which you are financially responsible: _____

Estimated Total household gross Income for everyone: \$ _____ per year

NOTE: This year if you prefer you do not have to show your income, but it will put your application at the back of the waitlist.