



The Willa Playschool
"Where children are free to become"

ENROLLMENT APPLICATION

Child's Name _____, _____ Birth Date ____/____/____
last first month day year

Language(s) spoken at home _____

Preferred schedule: Preferred start date:

- Four days/week (M-T-W-TH) 1st choice (mm/yy) _____
- Three days/week
Circle preferred days: M T W TH 2nd choice (mm/yy) _____
- Two days/week
Circle preferred days: M T W TH

Parent(s) or Guardian(s) Information:

1) _____ (____) _____ (____) _____
name home phone work/cell phone

street address city state zip code email address

2) _____ (____) _____ (____) _____
name home phone work/cell phone

street address city state zip code email address

How did you hear about the Willa Playschool? _____

Please note that a non-refundable fee of \$35, payable to the Willa Playschool, must accompany this form.

