

KINDERGARTEN WAITING LIST



Admissions Form

Student Program: Private School (Full-Day) Homeschool (Full-Day) 5-Day/Half-Day 2-Day/Full-Day

Student Name Grade in Fall Gender Male Female Other

Address Birth Date (mm/dd/yy)

City State Zip Code Payment Method Website Paypal

Does your child live with both parents? Yes No Zelle Check Stripe

If not, please describe custody arrangement and provide documentation

Parent/Legal Guardian 1 Name Email

Cell Phone Work Phone

Address City State Zip Code

Employer Name and Address

Parent/Legal Guardian 2 Name Email

Cell Phone Work Phone

Address City State Zip Code

Employer Name and Address

Tell us about your child

Current School Grade

Program Teacher

Enrolled Sports Favorite Subject

Special Interests Learning Disabilities

Is your child energetically sensitive? Yes No Is your child empathic? Yes No

Is your child noise sensitive? Yes No Is your child artistically inclined? Yes No

Describe your child's demeanor:

Is there anything we should know about your child's physical or mental health?

Does your child have any restrictions on physical activity

Parent/Guardian Signature

Date:

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