

Land of Children Child Care & Private School, After School & Summer Camp

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Pre-K Counts Application for Enrollment

Child's Name (Last, First):					Name Called:				
	Gender: Male Female			Group:			re-K Counts		
Street Address:									
City:	State: Zip Code:				Home Phone #:				
What days of the week is your child being enrolled for:					Arrival Time:				
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday					Departure Time:				
Mother's/Guardian's Name:					Email:				
Cellphone #: Home p				hone #:					
Street Address:							State:	Zip Code:	
Father's/Guardian's Name:				Email:					
Cellphone #: Home				phone #:					
Street Address:				City:			State:	Zip Code:	
Marital status of the parents: Married Divorced Separated Single Parent Other									
Parent's/Guardian's Signature:					Date:				
Director's Signature:							Date:	/	