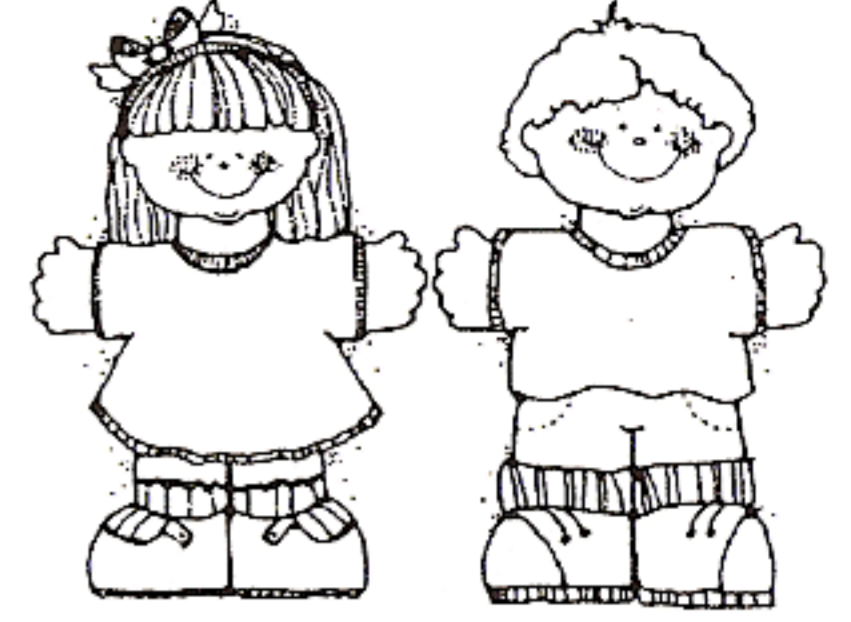


# CYNTHIA HEIGHTS

## KINDERGARTEN PRE-ENROLLMENT FORM



Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_

Male

Female

Currently Attending:  \_\_\_\_\_  \_\_\_\_\_  
Day Care Pre-School

Home Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Siblings at Cynthia Heights:

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

\* **Note:** Students may enroll in our morning Day Care which opens at 6:30 a.m., or ride the bus to school.

They may ride home on the bus at 2:16 p.m. or enroll in our after-school Day Care Program, which is open until 6:00 p.m. to accommodate students of working parents.

My child has the following special needs: (Please complete this section if appropriate.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Questions, comments, or concerns: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Parent Signature