



ENROLLMENT FORM

Date _____

Child's Full Name _____
 Last First MI

Birth Date _____ Male Female

Mother's Full Name _____
 Last First MI

Address _____ Zip _____ - _____

Phone No. (Check best to call)
 Home (____) _____ Cell (____) _____ Work (____) _____

Father's Full Name _____
 Last First MI

Address _____ Zip _____ - _____

Phone No. (Check best to call)
 Home (____) _____ Cell (____) _____ Work (____) _____

E-mail Address _____

Emergency Contact _____ Phone (____) _____

Anticipated year of entrance: September 20 _____

Tuesday / Thursday Group – 9:00 to 1:00 (3-year olds)

Monday / Wednesday / Friday Group – 9:00 to 1:00 (4 to 5-year olds)

Have any family members previously attended Hidden Treasures Preschool? Yes No

Name(s) _____ Date(s) _____

Relationship to Applicant _____

Please return this Enrollment Form as soon as possible to ensure enrollment as we have a capacity of 12 students. If enrollment is exceeded, applicants will be placed on a wait list. Be sure to keep us informed of any changes in your contact information.

For Hidden Treasures Preschool Use Only	
Date Visited	Date Received

Jackie Allen
Teacher

Hidden Treasures Preschool
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Santa Cruz, CA 95060
(831) 423-6463

Jaime Allen
Teacher