



STUDENT ENROLLMENT FORM

Date: _____/_____/_____

Student Name: _____

Nickname: _____

Birthday: _____

Age: _____

CONTACT INFORMATION

Parent Name:

(Mother): _____

Address: _____

Home Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Work: _____ - _____ - _____ Email: _____

Parent Name:

(Father): _____

Address: _____

Home Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Work: _____ - _____ - _____ Email: _____

EMERGENCY CONTACT

Name: _____

Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Work: _____ - _____ - _____

Name: _____

Phone: _____ - _____ - _____ Cell: _____ - _____ - _____

Work: _____ - _____ - _____

STUDENT INFORMATION

Has your child been in preschool previously? _____

If yes where?

Was it a positive experience?

How does your child feel about attending preschool?

What is your child's temperament? Are they easy going, happy, demanding, aggressive, etc.?

What is your normal method of discipline?

Which language(s) is primarily spoken in the home?

What are your child's favorite activities, toys, books, or games?

Does your child have any areas of special interest?

What are your expectations for your child's experience at Perform to Learn?

How did you learn about Perform to Learn?

Are there any other comments or information you would like us to know about?

Do you have any specific concerns?

We welcome you, your child, and family to Perform to Learn™!