



<p>Circle age group:</p> <p>2's 3's 4's 5/K</p>

Enrollment Form

Child's Name _____ Birthdate ____/____/____

Address _____ Phone _____

City _____ Zip _____

Parents' Names _____

Member of MVPC : Yes No Email _____

Parent Signature _____

IMPORTANT: Please note any special considerations (allergies, dietary restrictions, handicaps, medications, shyness, hyperactivity or other concerns) that would better help Promiseland staff meet the needs of your child. _____

