



Application Fall 20\_\_

*Please note we will contact you in early January to schedule a school tour.  
Children must be 3 before December 15 to be eligible for enrollment.*

**CHILD INFORMATION**

Child's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Applications Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_

**FAMILY INFORMATION**

Parent Name: \_\_\_\_\_ email: \_\_\_\_\_

Phone: h \_\_\_\_\_ w \_\_\_\_\_ cell \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ email: \_\_\_\_\_

Phone: h \_\_\_\_\_ w \_\_\_\_\_ cell \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ zip: \_\_\_\_\_

**ENROLLMENT INFORMATION**

If you have other children currently enrolled at RLS please list their name? \_\_\_\_\_

What is your reason for seeking a pre-school program? \_\_\_\_\_

How did you hear about Rockridge Little School? \_\_\_\_\_

Please circle your preferred days of enrollment: Monday Tuesday Wednesday Thursday Friday

Please circle your preferred times of enrollment:

drop-off: 8:00 or 9:00

pick-up: 12:45 3:00 5:30

Are you flexible on days/times? If so, please explain: \_\_\_\_\_

*Please include a \$40.00 application fee*

**A pre-school for children ages 2.8-5 years old**