

"Petite Academy"

Preschool for Two's & Three's
207 E Second Street; Sheridan, IN 46069
317-758-4195

<input type="checkbox"/> 3/4 Class: Mon, Wed & Fri 12:00- 2:00pm
<input type="checkbox"/> 4/5 Class: Mon, Wed & Fri 8:45-11:15am

Academic year applying for: 20__ - 20__

For THREE YR CLASS: CHILD MUST BE 3 AS OF AUGUST 1ST
For FOUR YR CLASS: CHILD MUST BE 4 AS OF AUGUST 1ST

Child's Name: _____ Nickname: _____

Female Male Date of Birth: _____ Home Phone: _____

Home Address: _____

City, State, Zip: _____

Father's Name: _____ Occupation: _____

Work Number: _____ Cell Number: _____

Mother's Name: _____ Occupation: _____

Work Number: _____ Cell Number: _____

Email address: _____

Guardian (if different from above) _____

Siblings

Name: _____ F M Age: _____ Name: _____ F M Age: _____

Name: _____ F M Age: _____ Name: _____ F M Age: _____

Name: _____ F M Age: _____ Name: _____ F M Age: _____

Allergies (food, insects, etc.): _____

Health Issues (asthma, etc.): _____

Emergency Contact

Contact 1: Name/Relationship: _____ Number: _____

Contact 2: Name/Relationship: _____ Number: _____

PLEASE HAND IN OR MAIL THE COMPLETED APPLICATION TO THE ADDRESS ABOVE
I have read and agree to abide by the attached "Petite Academy" Policy of Enrollment and Withdraw.

Parent Signature: _____ Date: _____

A NON-REFUNDABLE ENROLLMENT FEE OF \$40 IS DUE UPON THE TIME OF ENROLLMENT.