

PRESCHOOL ENROLLMENT FORM FOR 2023-2024

NAME OF PARENT/GUARDIAN: _____

NAME OF CHILD: _____ MALE/FEMALE _____

DATE OF BIRTH: _____ AGE AS OF 8/1/2023 _____

RETURNING STUDENT: YES NO

HAS YOUR CHILD BEEN ENROLLED IN A PRESCHOOL BEFORE: YES NO

IF YES, WHERE _____

Please choose which classroom you are interested in:

Full Day 8:30-3:00 Monday – Thursday _____

Half Day Am 8:30-11:30 Monday- Thursday _____

Half Day Pm 12:15-3:15 Monday – Thursday _____

*Placement is not guaranteed

PARENT/GUARDIAN NAME/ADDRESS:

PARENT/GUARDIAN TELEPHONE NUMBER/S:

HOME: _____

WORK: _____

If employed or related to an employee of the Tuscarawas County Board of Developmental Disabilities (TCBDD), please print your name and relationship to the employee here:

Print Name

Relationship

Signature of Parent/Guardian

Date

**PLEASE RETURN THIS FORM BY:
WEDNESDAY, MARCH 23, 2023**