

# PRESCHOOL ENROLLMENT FORM FOR 2024-2025

NAME OF PARENT/GUARDIAN: \_\_\_\_\_

NAME OF CHILD: \_\_\_\_\_ MALE/FEMALE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE AS OF 8/1/2024 \_\_\_\_\_

RETURNING STUDENT: YES NO

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

IF YES, WHERE \_\_\_\_\_

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**