

## ENROLLMENT APPLICATION

Neighborhood Schoolhouse • 1227 16<sup>th</sup> Street, Port Townsend, WA 98368 • 360.379.9070 • email info at: <http://ptnsh.com/contact.html>

**DATE of ENROLLMENT:**

**DATE of DEPARTURE:**

<b>Child's Name</b>	
Date of birth	
Address/City/St/Zip	
Parent/Guardian	
Parent/Guardian	
Siblings & ages	
Family structure (single parent, foster, grand, mom & dad, other)	
Previous preschool or childcare experience	
Special interests	
Challenges/Concerns	
Toileting needs (independent, reminders, occasional accidents)	
Goals for learning	
Goals for care	

Full Name Signature, then printed name is required (e.g. Rebecca J Lovett)

**Parent/Guardian:**

**Date:**

**Parent/Guardian:**

**Date:**