



The Leader in Educational Child Caresm

Primrose School



PRE-REGISTRATION FORM

(Please print and use a separate form for each child)

Date of Registration: _____
 Requested First Day of Attendance: _____

I hereby apply for enrollment of my child to Primrose School.

CHILD INFORMATION

Child's Name:	Nickname:		
Address:	City	State	Zip
Birth Date:	Sex: Male Female	Age:	

PARENT/GUARDIAN INFORMATION

Subdivision: _____

Mother's Full Name	Marital Status		
Address:	City	State	Zip
Phone:	License #:	Work Hours:	
Employer:	Work Phone:	Cell Phone:	
Employer's Address:	Email Address:		

Subdivision: _____

Father's Full Name	Marital Status		
Address:	City	State	Zip
Phone:	License #:	Work Hours:	
Employer:	Work Phone:	Cell Phone:	
Employer's Address:	Email Address:		

Has your child been previously enrolled with Primrose? Yes No If yes, what year?
 Will your child have a sibling enrolled? Yes No If yes, give sibling's first name and age:

IMPORTANT NOTE:

ENROLLMENT: Prior to your child's attendance at Primrose, all enrollment information must be completed, signed and returned to the school office along with your child's non-refundable registration/equipment fee.

 Signature of Parent/Guardian Date