

# Early Learning Matters 2017/2018

## Preschool/Kindergarten Enrollment Form

STUDENT INFORMATION					Enrolling for: (Check one after verifying space)	
First Name		Mid. Init.	Last Name		Preferred Name	
D. O. B.	Gender <b>M</b> <b>F</b>	Primary Language		Ethnic, Racial or Cultural Heritage		
Address						
City			State	Zip	Phone	
					<input type="checkbox"/> 3 Days AM: (8:30-11:20) M/W/F <input type="checkbox"/> 3 Days PM: (11:50-2:40) M/W/F <input type="checkbox"/> 2 Days AM: (8:30-11:20) T/TH <input type="checkbox"/> 5 Days AM: (8:30-11:20) M-F <input type="checkbox"/> 5 Days Varied: (8:30-11:20) T/TH and (11:50-2:40) M/W/F <input type="checkbox"/> 5 Days Extended Sched. (8:00-11:50)	
					Waiting List:	
Additional Student					Enrolling for: (Check one after verifying space)	
First Name		Mid. Init.	Last Name		Preferred Name	
D. O. B.	Gender <b>M</b> <b>F</b>	Primary Language		Ethnic, Racial or Cultural Heritage		
Address (if different)						
City			State	Zip	Phone	
					<input type="checkbox"/> 3 Days AM: (8:30-11:20) M/W/F <input type="checkbox"/> 3 Days PM: (11:50-2:40) M/W/F <input type="checkbox"/> 2 Days AM: (8:30-11:20) T/TH <input type="checkbox"/> 5 Days AM: (8:30-11:20) M-F <input type="checkbox"/> 5 Days Varied: (8:30-11:20) T/TH and (11:50-2:40) M/W/F <input type="checkbox"/> 5 Days Extended Sched. (8:00-11:50)	
					Waiting List:	
PARENT/GUARDIAN CONTACT INFORMATION						
Parent/Guardian #1 (First, Middle, Last)				Relationship to Student		Home Phone (    ) Cell Phone (    )
Address (if different)			City	State	Zip	Work Phone (    )
Employer Name					Email Address	
Parent/Guardian #2 (First, Middle, Last)				Relationship to Student		Home Phone (    ) Cell Phone (    )
Address (if different)			City	State	Zip	Work Phone (    )
Employer Name					Email Address	
ADDITIONAL INFORMATION						
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your child have any special needs, restrictions or allergies of which the school should be aware? _____						
<input type="checkbox"/> Yes <input type="checkbox"/> No Does your child use any special equipment such as a wheelchair, hearing aid, braces, etc... _____						
<input type="checkbox"/> Yes <input type="checkbox"/> No Is your child a sibling of a current or previous ELM student? Who: _____ Year of attendance: _____						
<input type="checkbox"/> Yes <input type="checkbox"/> No Are any of your child's friends currently enrolled or applying?						
How did you find out about Early Learning Matters Preschool/Kindergarten? (check all that apply)						
<input type="checkbox"/> Sign <input type="checkbox"/> ELM Parent <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Other _____						
SUBMISSION						
Submit the Enrollment Form and the Non-Refundable Enrollment Fee to Early Learning Matters, PO Box 3412, Hillsboro, OR 97123 to reserve space. Enrollment fee for current families and siblings is \$75.00 <b>before</b> March 1st. Enrollment fee for new families and anyone enrolling March 1st or later is \$110.00. Non-Refundable deposits (credited towards the annual tuition) are due June 1st or space in the program will be forfeited.						
Parent/Guardian Signature _____ Date _____						

Questions or More Information:  
 503-648-8917  
[www.strongthinkers.com](http://www.strongthinkers.com)



Early Learning Matters  
**PRESCHOOL & K**

Send Forms and Fees to:  
 Early Learning Matters  
 P.O. Box 3412  
 Hillsboro, OR 97123