


Early Learning Matters 2018/2019

Preschool/Kindergarten Enrollment Form

STUDENT INFORMATION					ENROLLING FOR: <i>(check one after verifying space)</i>		
First Name	Mid. Init.	Last Name	Preferred Name		<input type="checkbox"/> 3 Days AM	M/W/F	8:30 - 11:20
D. O. B.		Gender	Primary Language	Ethnic, Racial or Cultural Heritage	<input type="checkbox"/> 3 Days PM	M/W/F	11:50 - 2:40
		M F			<input type="checkbox"/> 2 Days AM	T/TH	8:30 - 11:20
Address					<input type="checkbox"/> 5 Days AM	M-F	8:30 - 11:20
					<input type="checkbox"/> 5 Days Varied	T/TH M/W/F <i>and</i>	8:30 - 11:20 11:50 - 2:40
City		State	Zip	Phone	<input type="checkbox"/> 5 Days Extended	M-F	8:00 - 11:50
					Waiting List:		
Additional Student					ENROLLING FOR: <i>(check one after verifying space)</i>		
First Name	Mid. Init.	Last Name	Preferred Name		<input type="checkbox"/> 3 Days AM	M/W/F	8:30 - 11:20
D. O. B.		Gender	Primary Language	Ethnic, Racial or Cultural Heritage	<input type="checkbox"/> 3 Days PM	M/W/F	11:50 - 2:40
		M F			<input type="checkbox"/> 2 Days AM	T/TH	8:30 - 11:20
Address					<input type="checkbox"/> 5 Days AM	M-F	8:30 - 11:20
					<input type="checkbox"/> 5 Days Varied	T/TH M/W/F <i>and</i>	8:30 - 11:20 11:50 - 2:40
City		State	Zip	Phone	<input type="checkbox"/> 5 Days Extended	M-F	8:00 - 11:50
					Waiting List:		
PARENT/GUARDIAN CONTACT INFORMATION							
Parent/Guardian #1 (First, Middle, Last)				Relationship to Student		Cell Phone ()	Home Phone ()
Address			City		State	Zip	Work Phone ()
Employer Name						Email Address	
Parent/Guardian #2 (First, Middle, Last)				Relationship to Student		Cell Phone ()	Home Phone ()
Address			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: _____							
How did you find out about Early Learning Matters Preschool/Kindergarten? <i>(check all that apply)</i> <input type="checkbox"/> Sign <input type="checkbox"/> ELM Parent <input type="checkbox"/> Friend <input type="checkbox"/> Website <input type="checkbox"/> Other _____							
APPLICATION 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 before March 1st. Enrollment fee for new families and anyone enrolling March 1st or later is \$110. Non-Refundable deposits (credited towards the annual tuition) are due June 1st or space in the program will be forfeited.							
Parent/Guardian Signature _____ Date _____							
<p>Questions or More Information: 503-648-8917 www.strongthinkers.com</p>  <p>Early Learning Matters PRESCHOOL & K</p> <p>Send Forms and Fees to: Early Learning Matters P.O. Box 3412 Hillsboro, OR 97123</p>							