


# Early Learning Matters 2020/2021

## Preschool/Kindergarten Enrollment Form

NEW STUDENT INFORMATION					ENROLLING FOR:		
First Name		Mid. Init.	Last Name		Preferred Name		
D. O. B.	Gender M F	Primary Language		Ethnic, Racial, or Cultural Heritage			
Address					___ 3 Days AM	M/W/F	8:30 - 11:20
City					___ 3 Days PM	M/W/F	11:50 - 2:40
State					___ 2 Days AM	T/TH	8:30 - 11:20
Zip					___ 5 Days AM	M-F	8:30 - 11:20
Phone					___ 5 Days Varied	T/TH M/W/F	8:30 - 11:20 11:50 - 2:40
					___ 5 Days Sequoia	M-F	8:00 - 11:50
ADDITIONAL NEW STUDENT					ENROLLING FOR:		
First Name		Mid. Init.	Last Name		Preferred Name		
D. O. B.	Gender M F	Primary Language		Ethnic, Racial, or Cultural Heritage			
Address					___ 3 Days AM	M/W/F	8:30 - 11:20
City					___ 3 Days PM	M/W/F	11:50 - 2:40
State					___ 2 Days AM	T/TH	8:30 - 11:20
Zip					___ 5 Days AM	M-F	8:30 - 11:20
Phone					___ 5 Days Varied	T/TH M/W/F	8:30 - 11:20 11:50 - 2:40
					___ 5 Days Sequoia	M-F	8:00 - 11:50
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? (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 _____							
ENROLLMENT SUBMISSION							
Submit the Enrollment Form and the Non-Refundable Enrollment Fee of \$110 to Early Learning Matters, PO Box 3412, Hillsboro, OR 97123. Non-Refundable deposits are credited towards the annual tuition and are due June 1st. Space in the program will be forfeited without the deposit. Sequoia Deposits are due at the time of enrollment.							
Parent/Guardian Signature _____ Date _____							
<b>Questions or More Information:</b> <b>503-648-8917</b> <b>www.strongthinkers.com</b>							
							
<b>Early Learning Matters</b> <b>PRESCHOOL &amp; K</b>							
<b>Send Form and Fees to:</b> <b>Early Learning Matters</b> <b>P.O. Box 3412</b> <b>Hillsboro, OR 97123</b>							