www.kidkrazypreschool.com

Request for Admission

Please print.

Child's Name: _____ Gender: M___ F___ Date of Birth: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: ____

Parent / Guardian (1) Name: _____

Parent / Guardian (1) Phone Contact: ( ) _____-- _____ / ( ) _____-- _____

E-mail address: _____

Parent / Guardian (2) Name: _____

Parent / Guardian (2) Phone Contact: ( ) _____-- _____ / ( ) _____-- _____

E-mail address: _____

Requested Schedule: ☐ Full Day ☐ Half Day Morning ☐ Half Day Afternoon

Days Requested: (3 or 5 days) ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday
I am flexible with my days ☐ Yes ☐ No

Location: I wish to enroll my child at the following location:
☐ 2125 21st Avenue ☐ 2519 27th Street ☐ I am flexible with the location

Requested start date: _____

Would you be interested if a spot should be available before your requested start date? ☐ Yes ☐ No

Parent/Guardian Name: _____ Date: _____
Please Print

Parent Signature: ✖_____

How did you hear about Kid Krazy?

_____

_____

OFFICE USE ONLY

☐ TT ☐ BB ☐ CP ☐ BF