

# Adams Traditional Beginnings

## Pre-Enrollment/Packet Release Application

2019 - 2020 School Year



Please complete this form to receive an Enrollment Packet for Adams Traditional Beginnings.

by mail or in person: 2323 W. Parkside Lane, Phoenix, AZ 85027

Adams Traditional Beginnings views each child as a unique individual in both talent and need. Adams Traditional Beginnings will strive to create learning experiences in a safe and nurturing environment, giving each child the confidence to explore new things, develop problem solving skills, and express creativity. Our goal is to prepare your child for a positive transition into an academic kindergarten.

Registration is based on a first come, first served basis, and each form will be date stamped. We will contact families in order of pre-enrollment date stamp to begin accepting the registration fee and deposit for your program of choice. When the enrollment forms, documents and fees are paid, you will have completed the process to guarantee your child's seat for next year.

(Please print clearly)

Parent/Guardian		
Home Phone	Work Phone	Cell Phone
Mailing Address		
City, State, Zip		
E-mail Address		

List all children you wish to enroll in preschool:

Child's Name	Sex	Birthdate	Age

Please indicate your program preferences below:

<p>Please mark whether you wish to enroll in: Full-day 8:15a – 3:15p _____ Half-day 8:15a – 11:15a _____ Half-day 12:15p – 3:15p _____ This option depends upon enrollment. All enrollment offerings will be granted based on the date/time stamp of this pre-enrollment form.</p> <p>Please mark any need for: Before-care 6:30a – 8:15a _____ After-care 3:15p – 6:00p _____</p> <p>Has your child been previously enrolled in any other daycare/preschool? NO ___ YES ___ If yes, where? _____ Has your child been sent home or been placed on a behavior plan with any another childcare facility or program? NO ___ YES ___ If yes, please explain: _____ Any notes regarding placement: _____ _____</p>
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Parent/Guardian Signature \_\_\_\_\_

Received: (date & time) \_\_\_\_\_

By: (staff) \_\_\_\_\_