

Child's Information

First & Last Name		
Does your child have any preschool or child care experience? O Yes O No		
Is your child fully potty traine	ed? O Yes O No	
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Do you give PAC permission	to share my first name, email, and cell in the school's	
family directory (recommend	led for playdates & community)? O Yes O No	
	like to share about your child (interests, special needs,	
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Family Information		
-	, city, state, zip):	
•	, , , , , , , , , , , , , , , , , , , ,	
Does the child live in this ho	usehold?	
	, city, state, zip):	
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- Does the child live in this how	usehold?	
Parent/Guardian 1	usonoid:	
·	Polationship to the shild:	
	Relationship to the child:	
	Email:	
Occupation:	Employer:	



Work Phone:	Work address:
Parent/Guardian 2	
Full name and pronouns:	Relationship to the child:
Phone number:	Email:
Occupation:	Employer:
Work Phone:	Work address:
Sibling name(s) and age(s):	
<u>Program Preference</u>	
Play Adventures offers a Forest Pre	eschool Program (2 years old to 6 years old)
Programming includes full-time, ha	alf day, & part-time options.
Please mark your program pre	eference:
○ Forest Preschool Full-Time Prog	ram (2-6)Monday - Friday, 8:00 am to 4:00 pm
○ Forest Preschool Part-Time Prog	gram Days (pick your preferred 3 days and we will
do our best to accommodate):	
○ Monday ○ Tuesday ○ Wednes	day 🔾 Thursday 🔾 Friday
Hours: 8:00 am to 4:00 pm	
O Forest Preschool Half Day, Mon	day- Friday, 8:00 am to 12:00 pm
O Drop In Only	
*part time, half day options are	not available.
Do you intend to apply for financia	ıl aid? ○ Yes ○ No
Do you intend to apply for ACCES	S? ○ Yes ○ No
Financial responsibility for applicar	nt will be assumed by:
Desired start date:	
How did you hear about Play Adve	entures Forest Preschool?
O Pop Up Event	
○ Word of Mouth	



 Play Adventures social me 	dia: Instagram or Facebook
Online search or website	
Other:	
Please submit your application	on via email, mail, or in-person and include a
non-refundable \$50 applicati	on fee; paid via venmo or by check made payable to Play
Adventures. This fee is waive	d for families applying for financial aid. Please pay the
admission fee once the appli	cation process is complete or we have received the
application and/or a family e	xpresses interest in applying for admission.
We would like to implement	more events and programs for you and your child, and
make sure <i>all</i> children have a	ccess to quality child care. Will you be willing and able to
contribute to our scholarship	funds?
We can contribute to field tri	ps 🔾 Yes 🔾 No If so, amount
We can contribute to tuition	for another child \bigcirc Once \bigcirc Monthly \bigcirc Other:
If so, amount	
Signature	Date