

**Lowell Community Preschool
Early Enrollment Form
2015/2016 School Year**

Child's Full Name _____ Age ____ DOB _____

Please check one:

___ Pre-Kindergarten (Age 4 by September 1st, 2015)

___ Preschool (Age 3 by September 1st, 2015)

Parent/Guardian Name _____

Hm Phone _____ Cell Phone _____

Email _____

Mailing Address

Office Use Only _____

Paid _____ Registration Number _____ Waiting List _____ Date _____