

APPLICATION FOR ADMISSION



School Year _____

Child's full name _____ Nickname _____

Age _____ Date of birth _____ Gender _____

Home address _____ Zip _____

Phone number _____ Email _____

Name of parent/guardian(s) _____

Parent/guardian employers _____

Child's interests _____

Names and ages of siblings _____

Has anyone in your family attended this school? _____ When? _____

Why do you want your child to attend preschool? _____

How did you hear of The Children's Corner? _____

Please choose the class for which you would like to register your child:

Young 2's	2's and 3's	3's and 4's	Pre-K

PLEASE RETURN THIS FORM AND A \$10 FEE TO:

4550 N. Central Ave Indianapolis, IN 46205

Make checks payable to: *The Children's Corner Preschool*

PLEASE NOTE: Class registration begins in February preceding the school year. Classes are filled on a first come basis and preference is given to legacies of the school.

Parent/Guardian Signature _____ Date _____

The Children's Corner
4550 North Central Avenue, Indianapolis, IN 46205