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School-Year Enro	llment l	Form 2	018-19	
	2018-June 2			
Child's Name		D	ate of Birtl	h
First Last	· · · · · · · · · · · · · · · · · · ·			
Address				
Street	City		State	Zip
Telephone Number		Age (As	of 9/1/18)	
Email Address				
Note: If your email address is provided, you will be included or ments via email (paperless option).	n the Educare u	pdates email	list and will re	ceive tuition state-
Current Families: Check here if email address above is	a new email	address to c	hange on the	account.
Allergies (i.e. Food/Medications/Seasonal)				
Note: Any diagnosed allergies will require additional medical d		-	ed and placed	in child's medical file
Special requests/accommodations (IFSP/IEP, d	lietary needs)		
Note: Please use back of this form to elaborate on allergies or s	pecial requests	A Meet & O	Greet will be so	cheduled with your
child's teacher to discuss your child's individual needs.				
Schedule for School-Year 2018-19 (Place a cl	heckmark to	indicate sc	hedules.)	
Schedule for School-Year 2018-19 (Place a cl	Full-day	Core Day	hedules.)	
6:30				/Public Pre-K (M-l
Hummingbirds/Chickadees (8 wks-23 months) Monday-Friday Only	Full-day	Core Day		/ Public Pre-K (M- l fter
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