



**Lagoon Playgroup Preschool
Application for Enrollment**

Child's Name _____

Child's Date of Birth: _____

Gender: _____ **Girl** _____ **Boy**

Parent(s)/Guardian(s) Name(s):

Phone Number and Email Address:

Phone: _____

Email Address: _____

Phone: _____

Email Address: _____

Home Address:

Other Children:

_____ **D.O.B.** _____

_____ **D.O.B.** _____

_____ **D.O.B.** _____

For Membership Chair Use Only

Alumni: **Yes** **No**

Date Received: _____

Check Number & Amount: _____