



Little Vikings Preschool Enrollment Form

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ Age: _____ Gender: _____ Ethnicity: _____

Student's City of Birth: _____ Social Security Number: _____

Parent/Guardian Name(s): _____

Address: _____ City: _____ Zip: _____

Best Phone Number to Reach you at? _____

Do you have any concerns for your child? _____ If yes, please describe: _____

Is your child currently receiving therapy services? _____

If so, where? _____ Does your child have an IEP? _____

Has your child received Early Intervention Services? _____

Does/Did your child attend another Preschool/Pre-K program or Head Start? _____

If so, where? _____

Do you prefer AM or PM? _____ If your choice is not available, would you accept another time? _____

****All forms must be returned to Plymouth Elementary School and renewed annually****

Date Received in Office: _____