

Anne Sullivan Preschool and Kindergarten
 (951) 678-3557
 Lic. #: 033901543

CHILD'S NAME: _____ DOB _____

EMERGENCY CONTACTS

Parent's Names: _____

Cell phone: Mother _____ Father _____

Daytime phone: Mother _____ Father _____

Cell phone carrier _____ Email address _____

Alternative local contact if a parent cannot be contacted: _____

INDICATE WHO TO CONTACT FIRST _____

ENROLLMENT SUMMER 2020

FULL DAY	HALF DAY	If not attending, last day
<i>Please circle days attending:</i>	8:15 a.m. to 12:15 p.m.	
M T W TH FR	M T W TH FR	

ENROLLMENT FALL 2020

FULL DAY	HALF DAY	If not attending, last day
<i>Please circle days attending:</i>	8:15 a.m. to 12:15 p.m.	
M T W TH FR	M T W TH FR	

Signed: _____ date _____