



## Young Fives Interest Form 2020-2021

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Did your child attend a preschool program?  yes  no

Name of preschool \_\_\_\_\_ Number of days per week \_\_\_\_\_

Before and after school care will be needed

- AM
- PM

Questions, Concerns, Comments \_\_\_\_\_

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**\* All children must be fully toilet independent**

**\* To qualify for the Young Fives program, children must turn five between July 1 and December 1.**