



La Escuelita

PROGRAM ENROLLMENT FORM

Afterschool: 9/14/15-1/28/16 (Fall); 2/1/16-5/26/16 (Spring)

Playgroups: 9/21/15-1/8/16 (Fall); 1/29/16-5/13/16 (Spring)

2015-2016

Child's Name: _____ Birthdate: _____ Gender: M / F

Grade: _____ School: _____ Teacher: _____

Parent's Name: _____

Parent's Name: _____

Sibling(s) Name(s), Age(s) and School(s): _____

Address: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Work Phone: _____

E-mail Address: _____

Languages spoken at home: _____

For Playgroups Only:

Name and relationship of person accompanying your child to the playgroup: _____

For Afterschool Only:

Please describe your child's experience with Spanish _____