

adventures
preschool
a cooperative experience



2018-19 Application Form

Child's Name _____

Birth Date _____ Present Age _____

Parent(s) Name(s) _____

Address _____

E-mail Address _____

E-mail Address _____

Telephone Number _____

How did you hear about Adventures Preschool? _____

Class Preference: MWF TTH M-F

Parent's Signature _____

Date _____

Please include a non-refundable \$50.00 application fee with this form. A teacher will contact you by email to confirm your child's enrollment or placement on a waiting list.

Adventures Preschool welcomes all children regardless of race, gender, country of origin, creed or religion.

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