



The Preschool Source

Oak Tree Academy Enrollment Application

Child's Name

Date of Birth

Age

Daytime Phone

Parent/Guardian Name

Address

City

State

Zip Code

My child is currently enrolled at

I would like my child to start by (mm-dd-yyyy)

(Available openings cannot be held for more than 1 week)

I'm interested in:

- Monday - Friday Fulltime
- Mon/Wed/Fri Part Week (2-4 year olds only)
- Tues/Thurs Part Week (2-4 year olds only)

I plan to pay:

- Weekly
- Monthly

----- (For Office Use Only) -----

Registration Fee Paid \$ _____ Date Paid: _____ Received By: _____

Paid By: Cash Receipt # _____ Check # _____ Date: _____