



LINDEN HILLS NATURE SCHOOL'S FOREST KINDERGARTEN
APPLICATION FOR ENROLLMENT

Child's Name _____ **Date of Birth** _____

Parent 1 Name _____

Home Address _____

Cell Number _____ Email Address _____

Parent 2 Name _____

Home Address _____

Cell Number _____ Email Address _____

Child's Physician _____ **Phone Number** _____

Known medical conditions, allergies or dietary restrictions:

If either parent cannot be reached, the following person(s) are authorized to be contacted in case of illness, accident, or emergency:

Name _____ Relationship _____ Cell Phone Number

Schedule Preference: **2 Day Schedule T/Th** **or** **3 Day Schedule T/W/Th**

Parent/Legal Guardian signature and date:
