



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 _____

____ 2 days/week M/W ____ 2 days/week T/TH ____ 4 days/week M-TH

Parent/Legal Guardian signature and date:
