

Rosena Preschool

Application for Enrollement 2020-2021

Student's Full Name: First Middle Last Calling Name

Home Address Gender

City State Zip Phone

Birthdate Age as of August 1

Email Address Preferred way to be contacted (email, phone, work, text, etc.)

APPLICATION FOR (Check one):

☐ Class 1 (M,W,F)

☐ Class 2 (T, Th)

Each new family must submit a \$10.00 application processing fee for your application to be considered. This fee is non-refundable under all circumstances. Please make check payable to Celinna Sasis.

Parent/Guardian Name (1) Home Address (if different from student) Phone

Occupation/Employed By Work Phone

Parent/Guardian Name (2) Home Address (if different from student) Phone

Occupation/Employed By Work Phone

How did you hear about Rosena Preschool? _____

Any relative or friends attending Rosena Preschool? _____

Do you want to receive Tuition Assistance?

☐ Yes

☐ No

OFFICE USE ONLY: Date Application received _____ Check #: _____ Age as of 8/1/2020: _____