Initial Contact Form

milestones PRESCHOOL

Initial Contact Date: _____
Observation Date: _____
Trial Date: _____
Admissions Meeting: _____
Start Date: _____
TYP AR SN

_____
Child's Name: Last Name First Name Nickname

_____
Home Street Address Home Phone

_____
City State Zip E-Mail Address

☐ M ☐ F

_____
Date of Birth (mm/dd/yyyy) Place of Birth Gender

_____
Most Recent School Attended Dates of Attendance

_____
Reason for Leaving

Desired Enrollment Date: _____

Program Selection: (Please rank choices)
___ Full Day (8-5:30) ___ Half Day – Morning (8-12) ___ Half Day – Afternoon (1:30-5:30)

Day Selection: (Please rank choices)
___ Five Days a Week (M-F) ___ Three Days a Week (M,W,F) ___ Two Days a Week (T,TH)

Parent/Caregiver 1:

_____
Name

_____
Occupation and Employer

_____
Daytime Telephone

_____
E-Mail Address

Parent/Caregiver 2:

_____
Name

_____
Occupation and Employer

_____
Daytime Telephone

_____
E-Mail Address

How did you learn about Milestones Preschool? _____

Please describe any condition (medical, behavioral, or developmental) or other special circumstances about which the teaching staff or administration should be aware.

_____

_____

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advocacy · inclusion · independence

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