

Parkview Pre-K, LLC

107 A Miracle Ave.
Avon Park, FL 33825
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Website: parkviewprek.com
E-mail: mail@parkviewprek.com
License #236995

APPLICATION FOR PRE-K PRE-ENROLLMENT

Today's Date: _____

Student Information:

Full Name: _____
Last First Middle Nickname

Address: _____
Street City, State, Zip

Date of Birth: _____ Gender (circle one): Male Female

Date of Enrollment: _____ Age (circle one): 1 yr. 2 yr. 3 yr. 4/5 yr.

Days (circle all that apply): M T W Th F Pick-up Time (Circle One): 12:00 2:30
3:30 4:30 Other: _____

Early Drop-off (7:00-7:30): Yes or No T Shirt Size (circle one): XS (2-4) Sm (6-8)
Med (8-10) Lg (14)

Sibling Discount: Yes or No Parkview Estates Discount: Yes or No

Family Information:

Mother's Name: _____
Last First Middle

Address: _____
Street City, State, Zip

Cell Phone: _____ Work Phone: _____

E-mail Address: _____ Home Phone: _____

Father's Name: _____
Last First Middle

Address: _____
Street City, State, Zip

Cell Phone: _____ Work Phone: _____

Email Address: _____ Home Phone: _____

**Mail OR return application & non-refundable \$100.00 registration fee to:
Parkview Pre-K, LLC., 107 A Miracle Ave, Avon Park, FL. 33825**