

Parkview Pre-K and Prep Academy

107 A Miracle Ave.
Avon Park, FL 33825
Ph. (863) 453-TOTS (8687)
Website: parkviewprek.com
E-mail: mail@parkviewprek.com
License #236995

APPLICATION FOR PREP ACADEMY PRE-ENROLLMENT

Student Information:

Full Name: _____

 Last First Middle Nickname

Address: _____

 Street City, State, Zip

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

Date of Enrollment _____ Grade: _____

Previous School Attended: _____

Time (circle one): 8:00-2:30 8:00-3:30 8:00-4:30 Early Drop-Off: Yes or No

T Shirt Size (circle one): Youth Sm.(6-8) Youth Med.(8-10) Youth Lg.(10-12) Adult Sm.

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

Family Information:

Mother's Name: _____

 Last First Middle

Address: _____

 Street City, State, Zip

Home Phone: _____ Work Phone: _____

E-mail Address: _____ Cell Phone: _____

Father's Name: _____

 Last First Middle

Address: _____

 Street City, State, Zip

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

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