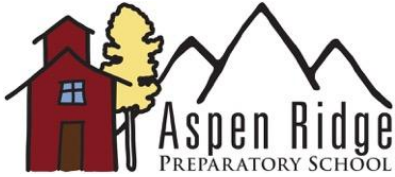


# INTENT TO ENROLL FORM 2017-2018

FOR ALL NEW PRESCHOOL STUDENTS



Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender (circle one): Male/Female

Grade Level for 2017-2018 (circle one):          Preschool (3 yr old)          Pre-Kindergarten (4 yr old)

Siblings already enrolled in ARPS Preschool or PreK (if applicable): \_\_\_\_\_

Siblings already enrolled in ARPS and Grade level (if applicable): \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Home Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_ Cell Phone: \_\_\_\_-\_\_\_\_-\_\_\_\_

Email Addresses: \_\_\_\_\_

Primary Address: \_\_\_\_\_

School district in which student resides: \_\_\_\_\_

### Preschool Enrollment Preference:

Preschool classes are designed for students who are 3 years old by September 1<sup>st</sup>, 2018 and toilet trained. Parents have the choice between 2 days or 3 days a week during the morning.

Please Designate 1<sup>st</sup> & 2<sup>nd</sup> choice:

\_\_\_\_ Thursday/Friday          8:15-11:00 am

\_\_\_\_ Mon, Tues, Wed          8:15-11:00 am

### Pre-Kindergarten Enrollment Preference:

Pre-Kindergarten classes are designed for students who turn 4 years old by October 1<sup>st</sup>, 2018. Parents have a choice between a morning or afternoon session.

Please Designate 1<sup>st</sup> & 2<sup>nd</sup> choice:

\_\_\_\_ Monday -Thursday          8:15-11:00 AM

\_\_\_\_ Monday - Thursday          12:15-3:00 PM

I understand that by submitting this form, I am applying for admission to ARPS Preschool/PreK Program for the 2017-2018 school year and my child will be entered into the ARPS Enrollment Lottery. I will be notified via email immediately following the Enrollment Lottery of the status of this application. If selected for enrollment, I must complete the enrollment process within two weeks of notification in order to hold my child's position within the school and confirm enrollment. The details of this process will be outlined in the notification email and will include an online registration through St. Vrain Valley School District and a registration fee. I am responsible for notifying the office of any contact information changes.

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE