



Academy Of Preschool Learning  
 Mail to: 10630 S. Jessica Dr.  
 Oak Creek, Wi 53154



South Milwaukee  
 1111 N. Chicago Ave.  
 South Milwaukee, Wi. 53172

Franklin  
 3900 W. Ryan Rd  
 Franklin, wi 53132

**Child Enrollment Form (Please fill in all lines)**

Child's name \_\_\_\_\_ Address \_\_\_\_\_ Zip \_\_\_\_\_

Application Date \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Birthdate \_\_\_\_\_ (F-M) Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

email address mom: \_\_\_\_\_ dad: \_\_\_\_\_

**Class Times: 9:00-11:15 and 12:15-2:30 Location and time**

Location: Franklin MWF a.m. \_\_\_\_\_ MWF p.m. \_\_\_\_\_

Parents are married? Yes \_\_\_ No \_\_\_ Occupation of Father \_\_\_\_\_ Occupation of Mother \_\_\_\_\_

What do you want your child to learn? \_\_\_\_\_

What skills does your child already have? \_\_\_\_\_

How many playmates does your child have? \_\_\_\_\_ What is your child's favorite play activity? \_\_\_\_\_

How frequently do you read to your child? \_\_\_\_\_

How many hours per day does your child watch TV or play on an Ipad? \_\_\_\_\_ Child's favorite show or game? \_\_\_\_\_

How is your child disciplined? \_\_\_\_\_

Does your child have any special problems or talents? \_\_\_\_\_

Has your child had any previous preschool experiences? \_\_\_\_\_ Where \_\_\_\_\_ How Long \_\_\_\_\_

Siblings Name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Age \_\_\_\_\_

**Parent Participation**

To expand a child's awareness of the world around them, the joy and love of learning, we invite you, the parent or grandparent, aunts or uncles to share a talent, hobby, craft, art project, story or your profession with us during the month of March. (10-20 minutes long).

Subjects I could share: 1. \_\_\_\_\_ 2. \_\_\_\_\_