

# Haskell Daycare Enrollment Form

Student's Name

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(Last)

(First)

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Student's Name

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(Last)

(First)

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Please circle days to attend:

AM Full-time or M T W Th F

PM Full-time or M T W Th F

AM&PM Full-time M T W Th F