



Early Childhood Education & Care

200 Chesterfield Business Parkway
Chesterfield, MO 63005

Pre-enrollment Form

Child's Name _____ **Today's Date** _____

Expected Start Date _____ **Date of Birth** _____

Parent/Guardian's Name _____ **Home Phone** _____

Address _____ **City** _____ **Zip Code** _____

Alternate Phone Numbers _____

Elementary School child will attend in the future _____

List any additional information about your child such as restrictions/personal wants for your child. (Allergies/help toilet training)

Registration fee of _____ **Paid on** _____

I understand that my child is being enrolled or placed on the waiting list for The Cambridge School and the registration fee are non-refundable.

Please indicate days and times care is needed:

Days _____ **Hours** _____

Parent/Guardian's Signature _____ **Date** _____