



# ENROLLMENT FORM

MANHATTAN BEACH, CA

Date of Application: \_\_\_\_\_

Child's First/Last Name: \_\_\_\_\_ Preferred Name/Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: F M

Parent/Guardian First/Last Name: 1) \_\_\_\_\_ Email: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Parent/Guardian First/Last Name: 2) \_\_\_\_\_ Email: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Name of Adult attending class with the child: \_\_\_\_\_

Enter your first and second choice for dates/times below  
For CHALKlets program options please  
Visit our website: [www.chalkpreschools.com](http://www.chalkpreschools.com)  
Call us: 310-546-1700

Session #: \_\_\_\_\_

First Choice: \_\_\_\_\_

Second Choice: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

By signing this enrollment application, the Parent/Guardian above understands and accepts the following policy:

**The class fee is non-refundable and non-transferable.**

Please enclose a check or money order made out to CHALK Preschool for the  
Class Fee of **\$350** when submitting this application form.

Please send application and fee to: **1114 22nd Street Manhattan Beach, CA 90266**

for office use only:

Enrollment Verification

Received by: \_\_\_\_\_

Date Enrollment Application received: \_\_\_\_\_

Check or Money Order #: \_\_\_\_\_ Name on Check or Money Order: \_\_\_\_\_