



ENROLLMENT FORM

COBBLE HILL/Brooklyn, NY

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

Call us: 718-237-7300

Email us: cobblehill@chalkpreschool.com

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 **\$500** when submitting this application form.

Please send application and fee to:

**112 Atlantic Ave
Brooklyn, New York 11201**

for office use only:

Enrollment Verification

Received by: _____

Date Enrollment Application received: _____

Check or Money Order #: _____ Name on Check or Money Order: _____