

Mountain Mosaic Preschool
1421 Elmhurst Dr
Longmont, CO 80503
720-892-6282
mountainmosaicpreschool@gmail.com

Preschool Enrollment Application

Please return this application with a \$100 non-refundable fee. Checks can be made out to Mountain Mosaic Preschool or contact us for digital payment. Thanks!

Child's name:

Preferred name:

Date of birth: _____

Address:

Parent/Guardian #1 Name:

Phone Number: cell: _____

work: _____

Email:

Address (if different than child):

Place of work:

Work Address:

Parent/Guardian #2 Name:

Phone Number: cell: _____

work: _____

Email:

Address (if different than child):

Place of work:

Work Address:

Child lives with: ___Mother ___Father ___Other

Other members of household:

Names, ages, relationship to child:

Known Allergies: _____

Any other medical conditions or medications:

Has your child attended preschool or daycare before?

If so, dates and location(s):

What are your desired school hours:

*Note: We want this schedule to work for you and your family but cannot guarantee certain part-time spots.

_____ Full day M-F _____ Half Day M-F

_____ Full day MWF _____ Half Day MWF

_____ Other (Please describe)

Will you be participating in UPK this school year? _____

What does your child like to do?

Do you have any concerns about your child's success at school?
(Behaviors, fears, potty training, etc.)

What do you hope your child will gain from their preschool experience?
