



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 Crouthers Academy and the registration fee are non-refundable.

Please indicate days and times care is needed:

Days _____ Hours _____

Parent/Guardian's Signature _____ Date _____