



Florida Southern College Preschool

2018-2019 Intent to Return/Enroll Form

111 Lake Hollingsworth Dr.
Lakeland, FL 33801
863-680-4103
ntodt@flsouthern.edu

Dear Parents and Guardians,

This form will be placed in the order received and will be used as a waiting list, should enrollment reach capacity. In order to ensure a fair and equal enrollment process, we ask that you take a few moments to complete the form below:

- Yes, I request that a place be reserved for my child at the beginning of the Fall Semester 2018.
 Yes, I wish for my child to attend the preschool and I would like them to begin ___/___/___.
 No, my child will not be returning for the Fall Semester 2018 of preschool.

Anticipated Schedule

- | | |
|---|---------------------------------------|
| <input type="radio"/> 3 days, ½ day am/pm | <input type="radio"/> 5 days, ½ day |
| <input type="radio"/> 3 days, all day | <input type="radio"/> 5 days, all day |

Child's Name: _____

Date of Birth: _____ Age of child as of September 1, 2018 _____

Person Completing Form: _____ Relationship _____

Phone number _____ Email: _____

A \$50.00 non-refundable registration fee is required to hold a place for your child. If your child has an account, it will be charged. If your child is a new student, the account will be charged once it has been created.

Signed _____

Official Use Only

Date returned _____ Student # _____

- Returning student
 New student