



LA PETITE COLLINE

Pre-Registration for Admission

Application Date: ____/____/____

Desired Start Date: ____/____/____

1st Child's Name : _____

Child's Date of Birth: ____/____/____

Gender: M ____ F ____

2nd Child's Name: _____

Child's Date of Birth: ____/____/____

Gender: M ____ F ____

Name of Parent / Guardian 1: _____

Address: _____

City, State, Zip: _____

Email (provide only if you check it daily): _____

Phone: (____) _____ - _____ Alternate: (____) _____ - _____

Name of Parent / Guardian 2: _____

Address: _____

City, State, Zip: _____

Email (provide only if you check it daily): _____

Phone: (____) _____ - _____ Alternate: (____) _____ - _____

Class/ Age:

Explorers 1's

Revolutionary 2's

Artist 3's

Investigators 4's

Notes about your child and family: _____

How did you hear about us? _____

Please, mail this application, along with a \$250 nonrefundable registration fee to:

La Petite Colline LLC
315 Vanderbilt Ave
Brooklyn, NY 11205

Parent /Guardian Signature

Thank you for your application.