

PEACHES

PLAYBASED EARLY CHILDHOOD EDUCATION SYSTEM

American Based Preschool

ENQUIRY FORM

Form should be filled in capital letters only

Child's Name: _____

Age: _____ DOB: _____ Gender: Male Female

Father's Name: _____

Mother's Name: _____

Fathers Occupation: _____ Company: _____

Phone Number: _____ E-mail: _____

Mothers Occupation: _____ Company: _____

Phone Number: _____ E-mail: _____

Residential Address: _____

We are interested in enrolling our child to the following:

PLAY GROUP: Nursery: LKG/UKG: EXTENDED CHILDCARE:

(10am – 12:30pm) (9am – 12:00pm) (9am – 12:30pm) (12pm – 6pm)

Does your child require any special needs/ attention? If "YES", kindly mention:

How you heard about us: Drive by Banner Community Board

Referral Reference name _____ Others

Would you like to receive emails and text messages from PEACHES?

YES NO