

Froggie Frontier
1001 Olson Lane El Dorado Hills, CA 95762
(916) 933-3714
www.froggiefrontier.com

Pre-Admission Registration Form

Child's Name: _____ Date of Birth: _____ Gender: M F

Child will start Kindergarten in fall of _____ School District: _____

Parent's Name(s): _____

Address: _____

Phone Number: _____ Cell Phone Number: _____

Email address: _____

Best time and method to contact you: _____

Class Enrolling In: ___ T/Th* ___ M/W/F* ___ M-F*
___ Preschool (OR)
___ Pre-K: ___ A.M. (or) ___ P.M. (P.M. class is only available M/W/F)

Optional Services:

___ A.M. Extended Day (7:30 – 8:30)
___ P.M. Extended Day (11:30 – 5:30)
___ Lunch Bunch (11:30 – 12:15)
___ Parent Participation Program
___ Spanish Class (fee-based: \$36 per mo. pro-rated for shorter/longer months)

* if the days indicated above are not available would you consider an alternate 2 or 3 day schedule?

Does your child have any known allergies? ___ No ___ Yes If yes, list below:

If your child has **no known** allergies, has your child eaten:
peanuts or peanut butter: Yes No eggs: Yes No
soy products: Yes No fish: Yes No
wheat/gluten products: Yes No

Are there any medical or special needs that we should be aware of?

Parent's Signature

Date