



56 Old Farm Road Stowe, VT  
(802) 585-7711  
[thekidsschool@icloud.com](mailto:thekidsschool@icloud.com)

### Intent to Enroll Form

Child's Full Name: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_

Physician Name and Number: \_\_\_\_\_

What is your ideal schedule? Start time \_\_\_\_\_ End time \_\_\_\_\_

What are your your ideal days:

Monday Tuesday Wednesday Thursday Friday Is

your schedule flexible? Yes \_\_\_\_\_ No \_\_\_\_\_

Ideal Start Date: \_\_\_\_\_

Additional Comments: