

**OPHS Preschool Programs Pre-Enrollment**

*This application is to save a spot in our program for the next year. A more official application will be sent out via email closer to the start of preschool.*

**Child's First and Last Name:**

**Gender:**

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**Child's DOB:**

**Current Age:**

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**Parent/Guardian Contact Name:**

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**Parent/Guardian Cell/Home Phone:**

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**Parent/Guardian Email address:**

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**Parent/Guardian Address:**

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**Preferred method of contact: (Please circle best one)**

**Email**

**Home Phone**

**Cell Phone**