



Office Use Only: Age: ____ - #: ____

2023-2024 School Year **TMEMS Casita Preschool** Lottery Application

All information must be filled out completely for valid application.

Please Print:

Student Name _____ Gender: M F
(First) (Middle) (Last)

Birthdate _____ Current School _____
Month Day Year

***Please note: All students must be fully potty-trained to join our program. TMEMS Casita Preschool reserves the right to disenroll a student at any time.*

Parent/Guardian #1 _____
(First) (Last) Relationship to student

Address _____
Street City Zip Code

Telephone _____
Home Work Cell Email

Parent/Guardian #2 _____
(First) (Last) Relationship to student

Address _____
Street City Zip Code

Telephone _____
Home Work Cell Email

Signed: _____ Date _____
Parent/Guardian

All information in this application will be treated as confidential.

How did you hear about us? _____

Office use only: Date Received _____ By _____