



MEADOWBROOK SCHOOL

Application for Enrollment 2025-26

Date: ____/____/____

Child's Name: _____

Identifies as: _____ Pronouns: _____

Age: _____ Birthdate: (M/D/YYYY) _____

Parents' or Guardians' Names: _____

Address: _____ Zipcode: _____

Home or Cell phone: _____ Email: _____

Employer: _____ Work phone: _____

Address: _____ Zipcode: _____

Home or Cell phone: _____ Email: _____

Employer: _____ Work phone: _____

Preferred class (please choose ONE):

MW ____ TTh ____ MTWTh ____

Preferred payment plan (please choose ONE):

Monthly ____ Semi-annually ____ Annually ____

A non-refundable registration fee of \$300 MUST accompany this application for enrollment.

Parent or Guardian's signature: _____

Printed name: _____

Date: _____

Office Use Only		
Date:	Paid:	Age at start of school: