

For Office Use:

_____ Background check returned
_____ Background check completed



Academic Year ____ 2018 – 19
1101 Douglas Street
Normal, IL 61761
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Telephone: 309.862.0510

MINI MEERKATS ENROLLMENT FORM

Student's Full Name _____

Address _____
Street City/State Zip

Male _____ Female _____ Age _____ Date of Birth ____/____/____

School presently attending or last attended: _____

School District currently living in: _____

Does your child have any dietary restrictions or allergies? _____ Yes _____ No

If yes, please explain: _____

Does your child have any special needs? _____ Yes _____ No

If yes, please explain: _____

CLASS SCHEDULE – Friday's 9-11am
September – 7____, 14____, 21____, 28____
October – 5____, 12____, 26____
November – 2____, 9____, 16____, 30____
January – 11____, 18____, 25____
February – 1____, 8____, 15____, 22____
March – 1____, 8____, 22____
April – 5____, 12____, 19____, 26____
May – 3____, 10____

