

Application Date: _____



APPLICATION FOR ENROLLMENT

GENERAL INFORMATION

Child's Name: _____

Date of Birth: _____

Gender: M F

Child's Address: _____
(Street) (Apt/Suite/Unit) (City) (State) (Zip Code)

Parent #1 Name: _____

Address (if different from child's): _____
(Street) (Apt/Suite/Unit) (City)

(State) (Zip Code) Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of Employer: _____

Parent #2 Name: _____

Address (if different from child's): _____
(Street) (Apt/Suite/Unit) (City)

(State) (Zip Code) Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of Employer: _____

If the child is not living in the home of the parent(s), who is responsible for the child?

Guardian's Name: _____

Relationship to the child: _____

Gender: M F

Address (if different from child's): _____
(Street) (Apt/Suite/Unit) (City)

(State) (Zip Code) Email: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Name of Employer: _____

Application Date: _____



EMERGENCY CARE INFORMATION

Name of Child's Physician: _____

Address: _____
(Street) (Apt/Suite/Unit) (City) (State) (Zip Code)

Phone: _____ Fax: _____ Email: _____

Name of Child's Dentist: _____

Address: _____
(Street) (Apt/Suite/Unit) (City) (State) (Zip Code)

Phone: _____ Fax: _____ Email: _____

Hospital Preference: _____

Address: _____
(Street) (Apt/Suite/Unit) (City) (State) (Zip Code)

Phone: _____ Fax: _____ Email: _____

Please provide any information regarding the child's individual development, habits, medical needs and other factors critical to the child's well-being and ability to participate in the program, including any known allergies.

ENROLLMENT

Program Options

- FULL-TIME: You would like to enroll your child into our full-time program.
- PART-TIME: You would like to enroll your child into our part-time program who would attend the following days:
 - Monday
 - Tuesday
 - Wednesday
 - Thursday
 - Friday

Start Date

The anticipated start date for your child would be _____.

Enrollment Deposit

To secure a space for your child or for your child to be placed on the wait list, you must submit this form along with a non-refundable **application fee** of \$50.00 plus a **tuition deposit** of one month's tuition. If a space is reserved for your child, the tuition deposit becomes non-refundable. If our program is full and your child is placed on our wait list, then your deposit will be held until a space becomes available and can be refunded should you withdraw your child from our wait list before a space is actually reserved. Your spot will be held for 60 days. If your child is unable to begin attendance within that timeframe, her space may be forfeited and he/she will be put on the wait list.

Your signature below indicates that ALL information on this enrollment form is complete and accurate.

Signature of Parent/Guardian Date

Enrollment Date: _____

Discharge Date: _____