

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 waitlist, you must submit this form along with an **tuition deposit** of one month's tuition plus a non-refundable **application fee** of \$50.00. Once a space is reserved for your child your tuition deposit is not refundable. If our program is full, then your child will be put on our waitlist and your deposit will be held until a space becomes available. If you withdraw your child from our waitlist before a space is reserved, then you may be entitled to a refund. Your spot will be held for 60 days. If your child is unable to begin attendance within that timeframe, your child's space may be forfeited and he/she will be put on the waitlist.

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

\_\_\_\_\_  
Signature of Parent/Guardian Date

Enrollment Date: \_\_\_\_\_ Discharge Date: \_\_\_\_\_