ENROLLMENT APPLICATION 2011-2012

NAME OF CHILD	
DATE OF BIRTH	

DATE OF ENROLLMENT	

STUDENT INFORMATION

Home Phone:

Address:

City, State, Zip

Gender: M / F Child Shirt Size: Small Medium Large

Food Allergy

ENROLLMENT INFORMATION

of Days 2 3 4 5
M T W Th F

Arrival Time: Departure Time:

Classroom Assistant: Yes / No

Photos okay?

Recommended by:

MOTHER / GUARDIAN

Name:

Company:

Work Phone:

Cell Phone:

Email Address:

FATHER / GUARDIAN

Name:

Company:

Work Phone:

Cell Phone:

Email Address:

EMERGENCY CONTACTS (Other than Parent/Guardian)

Name: Best Contact #:

Relation to Child:

Name: Best Contact #:

Relation to Child:

OTHERS AUTHORIZED TO PICK UP CHILD:

Name

Relation

- -

Name

Relation

A $35 NON-REFUNDABLE FEE MUST ACCOMPANY THIS APPLICATION

Signature _____

(Parent or guardian) ***Date***

FOR OFFICE USE ONLY: ☐ **$35** Fee Paid

Date: _____ **Taken by:** _____