



APPLICATION FOR ENROLLMENT

*Fill out this form in its entirety. Do not leave anything blank or use N/A. Put an answer for **EVERY** question.

Child's Name _____

First Middle Last

Sex _____ Birth Date _____ Birth Place (city/state) _____

Primary Language _____

Parent/Guardian's Name _____ Phone _____

Cell Phone _____ Publish Cell Phone Number ____ Yes ____ No

Address _____

Email Address _____

Occupation _____ Employer _____

Address _____ Work Phone _____

Hobbies/Special Talents _____

Parent/Guardian's Name _____ Phone _____

Cell Phone _____ Publish Cell Phone Number ____ Yes ____ No

Address _____

Email Address _____

Occupation _____ Employer _____

Address _____ Work Phone _____

Hobbies/Special Talents _____

Emergency contact (other than parents) _____ Relationship _____

Names/Ages of Siblings _____ Date of Birth _____

_____ Date of Birth _____

_____ Date of Birth _____

Previous School Experience _____

Comments _____

Program requested:

Early Childhood (morning) _____

Upper Elementary (9-12 yrs) _____

Early Childhood (morning & afternoon) _____

Middle School (12-14 yrs) _____

Lower Elementary (6-9 yrs) _____

After School (3pm-6pm) _____

Parent Signature _____

Date _____

(New Applicants Only) My application fee of \$25 is attached.

Office use only

Application Fee received _____ Date _____

Reference letter received _____ Date _____

Parent Interview _____ Date _____

Parent handbook _____ Date _____

Child Interview _____ Date _____ Photo taken _____

Position Offered _____ Date _____

Position Not Available _____ Date _____

Added to Constant Contact _____ Date _____