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) _____
Early Childhood (morning & afternoon) _____
Lower Elementary (6-9 yrs) _____
Upper Elementary (9-12 yrs) _____
Middle School (12-14 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_____
Parent Interview ____Date_____
Child Interview____ Date _____ Photo taken ____
Position Not Available ____Date_____
Reference letter received ____Date_____
Parent handbook____ Date_____
Position Offered ____ Date_____
Added to Constant Contact_____ Date_____

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