



APPLICATION FOR ENROLLMENT

| ENROLLMENT DATE | PROGRAM | HOW DID HEAR ABOUT US? |
|-----------------|----------------------------------|------------------------|
| | AM ___ FULL DAY ___ EXTENDED ___ | |

CHILD'S INFORMATION

| CHILD'S FIRST NAME | CHILD'S LAST NAME | CHILD'S NICKNAME |
|-----------------------|-------------------------|------------------|
| | | |
| CHILD'S DATE OF BIRTH | CHILD'S SEX | ALLERGIES |
| | Male _____ Female _____ | |

PARENT INFORMATION

| MOTHER/GUARDIAN NAME | FATHER/GUARDIAN NAME | EMAIL 1 |
|--------------------------|----------------------|------------|
| | | |
| CELL PHONE | HOME PHONE | EMAIL 2 |
| | | |
| HOME ADDRESS | | |
| | | |
| MOTHER/GUARDIAN EMPLOYER | POSITION | WORK PHONE |
| | | |
| FATHER/GUARDIAN EMPLOYER | POSITION | WORK PHONE |
| | | |

| DATE APPLICATION RECEIVED | APPLICATION FEE (\$100) RECEIVED/OFFICE SIGNATURE | PARENT SIGNATURE <small>Please keep a copy for your record</small> |
|---------------------------|---|---|
| | YES _____ NO _____ | |