



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 _____	