



SCHOOL YEAR APPLICATION

Date _____ Child's Name _____

Age _____ Birthdate _____ Sex (circle) M F

Street _____

City/Zip _____ Home Phone _____

Parent A: _____

Work _____ Cell _____ Email _____

Occupation _____

Parent B: _____

Work _____ Cell _____ Email _____

Occupation _____

The above information may be printed in a school roster for the use of school staff and parents: YES NO

Parent(s) responsible for child: (circle) Both Parent A Parent B

Please enroll my child in the following:

Preschool Programs:

Morning _____ M – F

Afternoon _____ M – F _____ MWF (special needs situations only)

Kindergroup: _____ M – F

Full-Time Childcare: _____ Specify the program, **Option A** _____ or **Option B** _____

Part-Time Childcare: _____ Specify days and hours.

Please indicate arrival and departure times for any of the programs above or any other special circumstances:

A \$50 nonrefundable registration fee should accompany this application.

I UNDERSTAND AND AGREE TO THE CONDITIONS OF PAYMENT EXPLAINED ON THIS WEBSITE

(Parent Signature)