Blossom Heights
where children bloom

Application for Future Enrollment/Waiting List Form

Child's Name: _____
First Middle Last Preferred Name

Date of Birth: _____/____/_____ **
Month Day Year

Home Address: _____
Street City State Zip

Family Information

Parent/Guardian	Parent/Guardian
Name:_____	**Name:**_____
Address:_____	**Address:** _____
Work Phone: _____	**Work Phone:** _____
Cell Phone: _____	**Cell Phone:** _____
Email: _____	**Email:** _____

Siblings: _____
Name(s) Age(s) School(s) Attending

Anticipated Program Plan

Weekday Program 8:30am-2pm ( ) 2 day TTh ( ) 3 day MWF ( ) 5 day M – F ( ) other

Early Drop Off 7:30 – 8:30am ( )

Stay and Play 2pm-3:30 ( ) Extended Day 2pm – 5:30pm( )

****for the youngest age group (12-15 months) children must have had their first birthday by August 31 or May 31 to be eligible for enrollment.**

Registration fee is due immediately upon acceptance into the program. I understand that the registration fee is NON-REFUNDABLE. Registration is open to all children regardless of race, ethnic origin, or religious preference.

_____ _____
Parent's Signature **Date**

For office use only:
Date Rec'd _____ Start Date _____ Program: II III V AM PM ID _____