



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-3pm () 2 day TTh () 3 day MWF () 5 day M – F () other
Early Drop Off Not an option for 2020-2021
Extended Day 3pm – 5pm()

****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 _____