



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 am

Stay and Play (3:30 pick up) () **Extended Day (5:30 pick up)** ()

****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 _____