



Application for Future School Enrollment
Accepted and Dated upon fee payment

Child's Name Please print First Last Preferred Name

Date of Birth / / \*Youngest age group (12-15 mos) first birthday by 8/31.
Month Day Year

Home Address:

Parent/Guardian

Parent/Guardian

Name: Name:

Address: Address:

Phone: Phone:

Email: Email:

Siblings: Name(s) Age(s) School(s)attending

Anticipated Program Plan ( ) First Available Programming

Weekday Program (Toddler/Preschool) ( ) 2Day(T/Th) ( ) 3Day(MWF) ( ) 5Day(M-F)

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

Preference will be given to 5 day programming, followed by 3 and 2 day options.

Anticipated Grades program...( )Kindergarten (8:30-3:30) Monday - Friday

There is a NON-REFUNDABLE application fee of \$125 per child. We accept cash, check or zelle to linda@blossomheights.com

Application will be honored upon receipt of payment and completed tour AND will be current for one year from the date below.

Registration is open to all children regardless of race, ethnic origin, or religious preference.

( )Please check if you are anticipating government subsidies for tuition.

Parent/Guardian Signature

Date

Application Received: Payment Received: Tour Date:

Notes: