



# Enrollment Application

## Student Information

		M   F
Child's Name	Date of Birth	Sex
Parent's/Guardian's Name		
Address		
City, State, ZIP Code		
Primary Phone	Secondary Phone/Alternate	

School Age Families: please indicate which elementary school your child attends

## Child care and Preschool Programs

Please circle the number of days you'd like to attend and the schedule you prefer. If you do not have a preference, or are flexible please indicate that as well. Thank you!

Infant and Toddler Classrooms (6 wks to 2 years)	5 days	M-F (only option)
Two's Classroom (2-3 years)	3 days	M, T, W, Th, F (circle)
	4 days	
	5 days	
Preschool – Prekindergarten (3-5 years)	3 days	M, T, W, Th, F (circle)
	4 days	
	5 days	

## School Age Program

Before and After care program (only school closures included)	4 or 5 days M, T, W, Th, F (circle)
Before and After care (school closures and FT summer program included)	M-F (only option)
Before or After care program (only school closures included)	4 or 5 days M, T, W, Th, F (circle)
Before or After care (school closures and FT summer program included)	M-F (only option)

Parent / Guardian's Signature

Date

