

Office Use Only:

- Supply Fee Paid - Check # \_\_\_\_\_ / Cash / MO  
 Registration Fee Paid - Check # \_\_\_\_\_ / Cash / MO

## **APPLICATION FOR ENROLLMENT**

Date: \_\_\_\_\_

Child's Name \_\_\_\_\_

Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ SSN \_\_\_\_\_ D.O.B. \_\_\_\_\_

Daytime / Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

*Same as child's address*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ SSN \_\_\_\_\_ D.O.B. \_\_\_\_\_

Daytime / Cell \_\_\_\_\_ Work Phone \_\_\_\_\_

*Same as child's address*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Fall Enrollment**

(Check all that apply)

Monday       Tuesday       Wednesday       Thursday       Friday

**Before School Child Care**      (Note: See schedule for times.)

**Full Day Session**

**After School Child Care**