Application for Enrollment

Child's Name_____
First Middle Last
Sex_____ Birth Date _____Birth Place (city/state) _____
Primary Language_____

Mother's Name _____Phone_____
Cell Phone_____ Publish Cell Phone Number ____Yes ____No
Address _____Pager_____
_____
Email Address_____
Occupation_____Employer_____
Address_____Work Phone_____
Hobbies/Special Talents_____

Father's Name_____ Phone_____
Cell Phone_____ Publish Cell Phone Number ____Yes ____No
Address _____Pager_____
_____
Email Address_____
Occupation_____Employer_____
Address_____Work Phone_____
Hobbies/Special Talents_____

Emergency contact (other than parents)
_____
Names/Ages of Siblings_____
Previous School Experience_____
Comments_____

Program requested:

Early Childhood (morning) ____
Early Childhood (morning & afternoon) ____
Lower Elementary (6-9 yrs) ____
Upper Elementary (9-12 yrs) ____
Middle School (12-14 yrs) _____

_____

Parent Signature Date

(New Applicants Only)
My application fee of $25 is attached.

Office use only

Application Fee received ____Date_____ Reference letter received ____Date_____
Parent Interview ____Date_____ Parent handbook____Date_____
Child Interview____ Date _____ Photo taken ____ Position Offered ____Date_____
Position Not Available ____Date_____ Registration fee received ____Date_____
Contract received____ Date_____ Enrollment Forms received____ Date_____

1/7/2010 4:15:00 PM