Application for Enrollment

Child's Name_____
First Middle Last

Sex_____ Birth date _____Birth Place (city/state) _____

Primary Language_____

Mother's Name _____Phone_____
Address _____Cell Phone_____
_____Pager_____
Email Address_____
Occupation_____Employer_____
Address_____Work Phone_____
Hobbies/Special Talents_____

Father's Name_____
Address _____Cell Phone_____
_____Pager_____
Email Address_____
Occupation_____Employer_____
Address_____Work Phone_____
Hobbies/Special Talents_____

Emergency contact (other than parents)

_____
Person Responsible for payment_____
Persons allowed to pick up your child_____
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
My application fee of $25 is attached.
Please include letter of reference from most recent teacher(s).

Office use only
Application Fee received ____Date_____ Reference letter received ____Date_____
Parent Interview ____Date_____ Parent handbook_____
Child Interview____ Date _____Photo taken ____Position Offered ____Date_____
Position Not Available ____Date_____ Registration fee received_ ___Date_____
Contract received____ Date_____ Enrollment Forms received____ Date_____