



Enrollment Application

Child's Name: _____
Last Name First Name Initial

Child's Address: _____

City: _____ State: _____ Zip: _____ - _____

Phone #: _____ - _____ - _____ Date of Birth: _____ - _____ - _____ Sex: Male Female

Child's Social Security #: _____ - _____ - _____

Circle days to attend: Mon Tues Wed Thurs Fri Arrival Time: _____ Departure Time: _____

Father/Guardian: _____
Last Name First Name Initial

Address: _____ City/State: _____ Phone #: _____ - _____ - _____

Place of Employment: _____ Work Phone #: _____ - _____ - _____ Ext: _____

Address: _____ City/State: _____ Work Hours _____

Father's Driver's License #: _____

Mother/Guardian: _____
Last Name First Name Initial

Address: _____ City/State: _____ Phone #: _____ - _____ - _____

Place of Employment: _____ Work Phone #: _____ - _____ - _____ Ext: _____

Address: _____ City/State: _____ Work Hours _____

Mother's Driver's License #: _____

Primary Residence: With Mother With Father With Both With Guardian (Name) _____

Parent's Marital Status: Married Single Divorced

If divorced, who has legal custody? _____

May the non-custodial parent pick up the child? Yes (Include in release section.) No (Court documentation may be requested.)

The child will be released only to the people on this application or the following persons:

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Name: _____ Address: _____ Phone: _____

Child's Physician: _____ Address: _____ Phone: _____

Any allergies or special needs? _____

Hospital Preference: _____

Emergency Contact: Name: _____ Address: _____ Phone: _____
(other than Parents)

Is the child potty trained? Yes No What does he/she say when needing to use the toilet? _____

Does your child need help in: (circle all that apply) Dress/Undress Eating Washing Hands

Does your child have any special fears or problems? _____

Has your child been cared for by other than parents? Yes No If yes, by whom? _____

Favorite Game: _____ Favorite Toys: _____

Parent Agreement

The school will open from 6:00 AM to 6:30 PM for children ages 1 to 12.

A late fee will be charged for late pick-ups.

Continuous late pick-ups may be cause for dismissal.

I agree to pay in advance each week's tuition by the prior Friday.

I am aware that a \$25.00 bookkeeping fee will be charged for late payments. Continuous late payment may be cause for dismissal.

I agree to pay a one time membership fee at the time of enrollment. This fee is not refundable.

I have received my parent's handbook, containing additional policies and procedures.

I agree to give two weeks notice to cancel this contract or forfeit two weeks tuition.

Signature of Parent or Guardian: _____

Date: _____