

# Application for Admission

Child's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Nickname: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age (as of September): \_\_\_\_ yrs. \_\_\_\_ mos.

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Allergies:** \_\_\_\_\_

**Medical Condition(s):** \_\_\_\_\_

\_\_\_\_\_  
Mother's (or Guardian's) Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Work Hours

\_\_\_\_\_  
Father's (or Guardian's) Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State/Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Occupation

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Work Hours

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Doctor's Address

\_\_\_\_\_  
Doctor's Phone

**THE ANNUAL FEE IS DUE WITH THIS FORM TO GUARANTEE ENROLLMENT**

<p>1<sup>st</sup> Child - \$250.00</p> <p>2<sup>nd</sup> Child - \$200.00</p> <p>3<sup>rd</sup> Child - \$50.00</p>	<p><b>\$500.00 Family Maximum Per School Year</b></p>
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**This Fee Is Nonrefundable.**

**Office Use Only**

Application Date \_\_\_\_\_

Annual Fee Paid \_\_\_\_\_

Check Number \_\_\_\_\_

Date Paid \_\_\_\_\_

Observation Date \_\_\_\_\_

Starting Date \_\_\_\_\_

## Programs

*\*\*indicates a program for ages 4 and older*

**Toddler (Ages 2-3)**

_____	5 days	M-F	8:30-11:30
_____	3 days	M-T-W	8:30-11:30
_____	2 days		8:30-11:30

**Preprimary Including Kindergarten (Ages 3-6)**

_____	**School Day	5 days	M-Th/F	8:30-3:00/8:30-12:30
_____	**AM+Lunch	5 days	M-F	8:30-12:30
_____	AM	5 days	M-F	8:30-11:30
_____	**PM+Lunch	4 days	M-Th	11:30-3:00
_____	PM	4 days	M-Th	12:30-3:00

**Elementary - Grades 1-6 (Ages 6-12)**

_____	5 days	M-F	8:30-2:45
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**Additional Program Options**

Before School \_\_\_\_\_ \*\*After School \_\_\_\_\_ \*\*Lunch-3 days T-W-Th \_\_\_\_\_

**Programs are subject to change based on participation.**