



APPLICATION AND ENROLLMENT FORM

School Year 20____/20____

Child's Name _____ Birth Date _____ Gender _____

Child's Address _____ Town _____ Zip _____

Home Phone Number _____ Cell Phones: _____

Food allergies or medical diagnosis _____ Start Date: _____

- I understand that tuition is paid via Tuition Express which will automatically debit my checking/savings account.
- I do NOT want my child's name, address & phone number on the class list.
- I do NOT want my child's photograph to be posted on-line or in the local papers.

E-Mail Address: _____

*I would like my child to be enrolled in the session circled below.
I have enclosed my \$75 enrollment fee and one period of tuition per the fee sheet.*

* Morning Preschool 2.5 hrs.	5 days	4 days	3 days	2 days	
* Afternoon Preschool 2.5 hrs.	5 days	4 days	3 days	2 days	
All Day Preschool	Mon	Tues	Wed	Thurs	Fri
School-Age Care	K-Enrichment thru 5th				
Before School	Mon	Tues	Wed	Thurs	Fri
After School	Mon	Tues	Wed	Thurs	Fri

** Varied schedules at each location, dependent upon enrollment needs. Call for more information.*

How did you hear about us? _____

What elementary school will/does your child attend? _____ Fall grade _____

Siblings/birthdates: _____

Parent Signature: _____ **Date** _____

OFFICE USE ONLY

\$75 Enrollment Fee _____ FALL P/S Pre-payment _____

\$75 Enrollment Fee _____ D.C. Sec. Deposit _____

\$75 RE-Enrollment Fee _____ SUMMER Prepayment _____ FALL Prepayment _____

T-Shirt _____ Bag _____ Last Day of Attendance _____

Authorizations _____ Biography _____ Birth Certif. _____ Medical _____ TE _____ DC-S/A Release. _____

OVER

Authorized Regular Pick-Up List (Parents and Care Taker)

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

Contingency Pick-up List (someone local: i.e. relative, neighbor, etc.)

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

Emergency Contact List (can be someone out of town)

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

Persons NOT PERMITTED to pick up child

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

MOTHER'S Name _____ Marital Status _____

Home Address _____ Town _____ Zip _____

Mother's Employer _____ Occupation _____

FATHER'S Name _____ Marital Status _____

Home Address _____ Town _____ Zip _____

Father's Employer _____ Occupation _____

Parent Phone Numbers: Please list in order of priority, e.g. Mom work: 708-333-3333

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Child's Doctor's Name _____ Phone _____

Address _____ Town _____ Zip _____

Child's Dentist's Name _____ Phone _____

Address _____ Town _____ Zip _____



K-Enrichment APPLICATION AND ENROLLMENT FORM

School Year 20____/20_____

Child's Name _____ Birth Date _____ Gender _____

Child's Address _____ Town _____ Zip _____

Home Phone Number: _____ Cell Phones: _____

Allergies or Restrictions: _____ Start Date: _____

Email: _____

- I understand that tuition is paid via Tuition Express which will automatically debit my checking/savings account.
- I do NOT want my child's name, address & phone number on the class list.
- I do NOT want my child's photograph to be posted on-line or in the local papers.

Please circle the days needed below.

*(A \$75 enrollment fee is required for **new to Grand Avenue students only**.)*

Before School Care	Mon	Tues	Wed	Thurs	Fri
*Morning Enrichment	Mon	Tues	Wed	Thurs	Fri
Lunch	Mon	Tues	Wed	Thurs	Fri
Afternoon Enrichment	Mon	Tues	Wed	Thurs	Fri
After School Care	Mon	Tues	Wed	Thurs	Fri

*LGH—Morning Enrichment offered M-F. WS - Morning Enrichment offered T & TH only.
7th Ave-No Morning enrichment.

How did you hear about us? _____

What elementary school does your child attend? _____

Siblings/birthdates: _____

Parent Signature: _____

OFFICE USE ONLY:

\$75 Enrollment Fee _____ Ck. # & Date _____

FALL PREPAYMENT: _____ Ck. # & Date _____

School-age release _____ Last Day of Attendance _____

Authorizations _____ Biography _____ Birth Certificate _____ Medical _____ TE _____



(PLEASE RETURN THIS FORM TO THE GRAND AVENUE OFFICE.)