

WS _____

Grade: K



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: This check mark signifies my signature & acknowledgement of information on this form.

Date: _____

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.)

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 _____

PARENT Name _____ Marital Status _____
Home Address _____ Town _____ Zip _____
Parent's Employer _____ Occupation _____

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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 _____