



# ***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**.)*

<b>Before School Care</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>Lunch</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>Afternoon Enrichment</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>After School Care</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>

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 \_\_\_\_\_

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

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Child's Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_