

***School-Age 1st -5th Grade APPLICATION AND ENROLLMENT FORM***

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Child's Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Mom's Cell Phone \_\_\_\_\_ Dad's Cell Phones: \_\_\_\_\_

Food allergies or medical diagnosis \_\_\_\_\_ Start Date: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

- 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 or phone released
- I do NOT want my child's photograph to be posted on-line or in the local papers.

**Spots are not confirmed until notified by the center.**

<b>School-Age Care</b> 1st -5th grade					
<b>Before School</b>	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>
<b>After School</b>	Mon <input type="checkbox"/>	Tues <input type="checkbox"/>	Wed <input type="checkbox"/>	Thurs <input type="checkbox"/>	Fri <input type="checkbox"/>

How did you hear about us? \_\_\_\_\_

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

Siblings/birthdates: \_\_\_\_\_

Parent Signature: Checking this box confirms my signature  Date \_\_\_\_\_

**OFFICE USE ONLY**

Registration Fee: \_\_\_\_\_

Authorizations \_\_\_ Biography \_\_\_ Birth Certif. \_\_\_ Medical \_\_\_ HH \_\_\_ TE \_\_\_ DC-S/A Release \_\_\_

**(PLEASE RETURN THIS SHEET TO THE GRAND AVENUE OFFICE)**