WC	DD	
W 5	DR	

Grade	K	



FULL STEAM AHEAD! APPLICATION AND ENROLLMENT

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. A Tuition Express form must be completed along with payment information at the time this application is turned in. By GAP accepting the application, permission is inferred for the collection of the \$100 Registration Fee taken via the checking/savings account or credit card indicated on the Tuition Express form. Mon Tues Wed Thurs Fri * Before School Care (WS only) Wed Thurs Fri Lunch Mon Tues (11:45-12:45) Fri Afternoon Mon Tues Wed Thurs Enrichment (12:45-3:15)* After School Care Fri Mon Tues Wed Thurs (3:15-6:00pm) * For "K-Care" (extended day students only). How did you hear about us? What elementary school does your child attend? Siblings/birthdates: Parent Signature: Checking this box confirms my signature Date:_____ OFFICE USE ONLY: Registration Fee _____ School-age release_____ Authorizations Biography Birth Certificate Medical HH TE DC Rel