



# APPLICATION AND ENROLLMENT FORM - Western Springs

School Year 20\_\_\_\_/20\_\_\_\_ For Office Use: A \_\_\_\_\_ CR \_\_\_\_\_

I have spoken with the Director/Assistant Director and I am aware of my tuition obligation via Tuition Express and that Registration Fees are non refundable .

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

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

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

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 & 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.

### 9-11:30 AM PreK or PS & 9-11 AM 2's are Grand

Pre K (4 by Sept.1) 9-11:30AM 5 Days Mon thru Fri

Pre K (4 by Sept.1) 9-11:30 AM 4 Days Days varied

PS (3 by Sept. 1) 9-11:30 AM 3 Days Mon., Wed., & Fri

2's are Grand (2 by Sept. 1) 9-11AM 2 Days Tues. &Thurs.

### 8:30 AM-2:30 PM PreK or PS w/ lunch & enrichment

Pre K (4 by Sept. 1st) 5 days Mon. thru Fri.

Pre K (4 by Sept. 1st) 4 days Days varied

Day you'd prefer for your child to be off: \_\_\_\_\_ we will try our best to accommodate but occasionally, we assign the day

PS (3 by Sept. 1st) 3 days Mon., Wed., Fri.

Select the desired days of All Day Preschool which is care anytime between 6:45 AM until 6:00 PM by checking the box below:

All Day Preschool

Monday

Tuesday

Wednesday

Thursday

Friday

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

How did you hear about us?

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

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

Parent Signature: Checking this box confirms my signature

Date \_\_\_\_\_

### OFFICE USE ONLY

1st Yr. Registration Fee: \_\_\_\_\_ Re-Enrollment Registration Fee: \_\_\_\_\_

2's are Grand T-Shirt \_\_\_\_\_ PS/PreK T-Shirt \_\_\_\_\_ Bag \_\_\_\_\_

Authorizations \_\_\_\_\_ Biography \_\_\_\_\_ Birth Certif. \_\_\_\_\_ Medical \_\_\_\_\_ HH \_\_\_\_\_ TE \_\_\_\_\_ DC Rel. \_\_\_\_\_

(PLEASE RETURN THIS SHEET TO THE GRAND AVENUE OFFICE)

OVER