



APPLICATION AND ENROLLMENT FORM

School Year 20____/20_____

Child's Name _____ Birth Date _____ Gender _____

Child's Address _____ Town _____ Zip _____

Home/Cell Phone Number _____ 2nd Cell Phone: _____

Food allergies or chronic illness: _____ **Start Date:** _____

Can we photograph your child while he/she is in school? Yes No

- I give permission to release my e-mail, child's name, address & phone number to other families on the class list.
- I have spoken with the Director /Asst. Director and I am aware of my tuition obligation via Tuition Express. Enrollment fees are non refundable and any deposits securing future enrollment are non refundable. In order to claim a "vacation" week during the academic school year, I must attend for 12 consecutive months.
- I acknowledge that I have received & read The Grand Avenue Parent Handbook.

E-Mail Address: _____

I would like my child to be enrolled in the session below. I give my permission to have my Tuition Express account debited the necessary enrollment fees per the current fee sheet.

| | | | | | |
|-----------------------------------|------------------------------|--|---|--|---|
| Preschool | AM <input type="checkbox"/> | 5 Days <input type="checkbox"/> (M-F) | 4 Days <input type="checkbox"/> (Varies) | 3 Days <input type="checkbox"/> (MWF) | 2 Days <input type="checkbox"/> (Tu/ Th) |
| Preschool | PM <input type="checkbox"/> | 5 Days <input type="checkbox"/> | 3 Days <input type="checkbox"/> | 2 Days <input type="checkbox"/> | |
| Extended Day Preschool | Mon <input type="checkbox"/> | Tues <input type="checkbox"/> | Wed <input type="checkbox"/> | Thurs <input type="checkbox"/> | Fri <input type="checkbox"/> |
| K-5th Before School | Mon <input type="checkbox"/> | Tues <input type="checkbox"/> | Wed <input type="checkbox"/> | Thurs <input type="checkbox"/> | Fri <input type="checkbox"/> |
| K-5th After School | Mon <input type="checkbox"/> | Tues <input type="checkbox"/> | Wed <input type="checkbox"/> | Thurs <input type="checkbox"/> | Fri <input type="checkbox"/> |
| Please note: | DAYS OFFERED | CAN VARY | BETWEEN | LOCATIONS | |

How did you hear about us? _____

What elementary school will/does your child attend? _____ Fall grade: _____

Siblings/Birthdays: _____

Parent Signature: **This check mark signifies my signature & acknowledgement of information on this form.** **Date:** _____

OFFICE USE ONLY

\$75 Enrollment Fee _____ FALL P/S Pre-payment _____

\$75 Enrollment Fee _____ D.C. Deposit _____

\$75 RE-Enrollment Fee _____ SUMMER Prepayment _____ FALL Prepayment _____

T-Shirt _____ Bag _____ Last Day of Attendance _____

Authorizations _____ Biography _____ Birth Certif. _____ Medical _____ Health History _____ TE _____ DC-S/A Release/Bus _____



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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Home Address _____ Town _____ Zip _____
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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 _____