



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:** _____

E-Mail Address: _____

- I give permission for my child's photo to be posted online in the local papers and ads without use of their name. In school only.
- 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 nonrefundable and any deposits securing future enrollment are nonrefundable. 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 Parent Handbook. I am fully aware of the educational philosophy, policy & procedures, and guidance & discipline policy of Grand Ave. Preschool & D.C.F.S. licensing standards.

I would like my child to be enrolled in the session below.

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 _____ Backpack _____ Last Day of Attendance _____

Authorizations _____ Biography _____ Birth Cert. _____ 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 _____

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 _____