

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

Child's Name _____ Birth Date _____ Gender _____

Child's Address _____ Town _____ Zip _____

Home Phone Number _____ Cell Phones: _____

Food allergies or medical diagnosis _____ Start Date: _____

E-Mail Address: _____

- I give permission for my child's photo to be posted online, in the local papers & 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 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 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.

A \$75 enrollment fee is due for new students.

Please circle the days below your child will attend Grand Avenue. Please note there is no daily rate for 1st -5th grade students. Normal Tuition rates are due no matter how many days your child is in attendance per week.

School-Age Care K -5th grade					
Before School	Mon	Tues	Wed	Thurs	Fri
After School	Mon	Tues	Wed	Thurs	Fri

How did you hear about us? _____

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

Siblings/birthdates: _____

Parent Signature: _____ **Date** _____

OFFICE USE ONLY		
\$75 RE-Enrollment Fee: _____	CK. # _____	Date: _____
Authorizations _____	Biography _____	Birth Certif. _____ Medical _____ TE _____ DC-S/A Release. _____

(PLEASE RETURN THIS SHEET TO THE GRAND AVENUE OFFICE)



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 _____

MOTHER'S Name _____ Marital Status _____
Home Address _____ Town _____ Zip _____
Mother's Employer _____ Occupation _____

FATHER'S Name _____ Marital Status _____
Home Address _____ Town _____ Zip _____
Father's Employer _____ Occupation _____

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 _____

Child's Dentist's Name _____ Phone _____
Address _____ Town _____ Zip _____