



FULL STEAM AHEAD!
KINDERGARTEN APPLICATION AND ENROLLMENT FORM

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 give permission for my child's photo to be posted online or in the local papers and ads without use of their name.
- 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.

*Please check the days needed below.
(A \$75 enrollment fee is required for new to Grand Avenue students only.)*

Before School Care (WS only)	Mon	Tues	Wed	Thurs	Fri
Lunch (11:45-12:45)	Mon	Tues	Wed	Thurs	Fri
Afternoon Enrichment (12:45-3:15)	Mon	Tues	Wed	Thurs	Fri
After School Care (3:15-6:00pm)	Mon	Tues	Wed	Thurs	Fri

How did you hear about us? _____

What elementary school does your child attend? _____

Siblings/birthdates: _____

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

Date: _____

OFFICE USE ONLY:

\$75 Enrollment Fee _____ Ck. # & Date _____

FALL PREPAYMENT: _____ Ck. # & Date _____

School-age release _____ Last Day of Attendance _____

Authorizations _____ Biography _____ Birth Certificate _____ Medical _____ TE _____



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 _____