



# 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: \_\_\_\_\_

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

Preschool	AM	5 Days (M-F)	3 Days (MWF)	2 Days (Tu/Th)	
STEAM K BR	Mon	Tues	Wed	Thurs	Fri
All Day Preschool	Mon	Tues	Wed	Thurs	Fri
School-Age Care K-5th Highlands	Mon	Tues	Wed	Thurs	Fri
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/Birthdays: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Start Date \_\_\_\_\_ Enrollment Fee \_\_\_\_\_ FALL Preschool Prepayment \_\_\_\_\_

Restart Date \_\_\_\_\_ Re-Enrollment Fee \_\_\_\_\_ SUMMER Prepayment \_\_\_\_\_

D.C. Security Deposit Amt. \_\_\_\_\_ Ck. Number \_\_\_\_\_ Ck. Date \_\_\_\_\_

T-Shirt \_\_\_\_\_ Backpack \_\_\_\_\_ Last Day of Attendance \_\_\_\_\_

Medical \_\_\_ Health History \_\_\_ Emergency Release Form \_\_\_ My Child's Biography \_\_\_ Birth Cert. \_\_\_ Transportation \_\_\_



*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. \_\_\_\_\_

Child's Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_