

WS _____ BR _____

Grade: K



FULL STEAM AHEAD! APPLICATION AND ENROLLMENT

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 understand that tuition is paid via Tuition Express which will automatically debit my checking/savings account.

I do NOT want my child's name, address & phone number on the class list.

I do NOT want my child's photograph to be posted on-line or in the local papers.

Please circle 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

* For "K-Care" extended day students

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 _____



(PLEASE RETURN THIS FORM 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 _____