

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

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 1st –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 _____