



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 _____

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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 _____