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 _____

Mom Cell Phone:_____   Dad Cell Phone:_____

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.

Upon receipt of your application, further instructions and payment information will be mailed or emailed to you. Please call 708 246-2270 or email us at gappreschool@gmail.com with questions.

Spots are not confirmed until deposits are paid.

	Mon	**Tues**	**Wed**	**Thurs**	**Fri**
* Before School Care	**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 only.

How did you hear about us? _____

What elementary school does your child attend? _____

Siblings/birthdates:_____

Parent Signature: Checking this box confirms my signature   **Date: _____**

OVER

(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. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Child's Doctor's Name _____ Phone_____

Address _____ Town _____ Zip _____

Child's Dentist's Name _____ Phone _____

Address _____ Town _____ Zip _____