

School-Age 1st –5th Grade APPLICATION AND ENROLLMENT FORM

Child’s Name _____ Birth Date _____ Gender _____

Child’s Address _____ Town _____ Zip _____

Mom Cell Phone _____ Dad Cell Phone: _____

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.

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.

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

OFFICE USE ONLY					
RE-Enrollment Fee: _____	CK. # _____	Date: _____			
Authorizations _____	Biography _____	Birth Certif. _____	Medical _____	HH _____	TE _____ DC Rel. _____

(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 _____