



# 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: \_\_\_\_\_

Can we photograph your child while he/she is in school? We include pictures to communicate with families and to update our website gallery without names. Can we include your child? Please circle one. **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 acknowledge that I have received & read The Grand Avenue Parent Handbook.

**E-Mail Address:** \_\_\_\_\_

I would like my child to be enrolled in the session circled below. I have enclosed my \$100 enrollment fee and one period of non-refundable tuition per fee sheet.

<b>Preschool</b>	<b>PM</b>	<b>3 Days (T/W/Th)</b>			
<b>Preschool</b>	<b>AM</b>	<b>5 Days (M-F)</b>	<b>3 Days (M/W/F)</b>	<b>2 Days (Tu/Th)</b>	
<b>All Day Preschool</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>STEAM BR</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>Before School K-5th</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>
<b>After School K-5th</b>	<b>Mon</b>	<b>Tues</b>	<b>Wed</b>	<b>Thurs</b>	<b>Fri</b>

How did you hear about us? \_\_\_\_\_

What elementary school will/does your child attend? \_\_\_\_\_ Fall grade: \_\_\_\_\_

Siblings/Birthdays: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**OFFICE USE ONLY**

Enrollment Fee \_\_\_\_\_ Non-refundable deposit \_\_\_\_\_

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 \_\_\_\_\_

PARENT Name \_\_\_\_\_ Marital Status \_\_\_\_\_  
 Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent'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 \_\_\_\_\_