



APPLICATION FOR ADMISSION

Personal Data

School Year 20_____

Student's Name_____

Gender: Male _____ Female _____ Date of Birth _____-_____-_____

Has your child attended school/daycare? Yes ___ No ___ Reason for leaving: _____ Date last attended _____-_____-_____

Name of school/daycare last attended_____

Address of school/daycare last attended_____ Phone (_____) _____-_____

Student's Home Address_____ City_____ Zip_____

Home Phone (_____) _____-_____

Parent/Guardian's Name (1)_____

Address (If different from student's address) _____

Home Phone (_____) _____-_____ Work Phone (_____) _____-_____

Cell Phone (_____) _____-_____ Alternate Phone (_____) _____-_____

Employer's Name _____ Occupation _____

Employer's Address _____ Phone (_____) _____-_____

Email_____@_____

Parent/Guardian's Name (2)_____

Employer's Name _____ Occupation _____

Employer's Address _____ Phone (_____) _____-_____

Address (If different from student's address) _____

Home (_____) _____-_____ Work Phone(_____) _____-_____

Cell Phone (_____) _____-_____ Alternate Phone (_____) _____-_____

Email _____@_____

Parent's marital Status: _____

Date of Enrollment _____-_____-_____ Start Date: _____-_____-_____ Date of Discharge _____-_____-_____

Desired Program:

_____ Full Day (8:00a.m.-3:00p.m.) Toddler Preschool Elementary

_____ Half Day (7:30a.m. - 11:30a.m.) Toddler

_____ Extended Day(7:00a.m.-6:00p.m.) Toddler Preschool Elementary

_____ After School Program (3:00p.m.- 6:00p.m.) Elementary

Would you like to enroll your child in our Organic Lunch Program? (\$30.00 extra per month) Yes _____ No _____

Signature of Parent /Guardian Relationship to child Date _____-_____-_____