

Application Form

Date of Application _____ Date of Birth _____

Child's Name _____ Sex _____

Address _____
(Street) (City) (State) (Zip)

Father's Name _____ Mother's Name _____

Home Address _____ Home Address _____

Home Phone _____ Home Phone _____

WHERE TO REACH PARENT

Father's Occupation _____ Mother's Occupation _____

Place of Business _____ Place of Business _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

**Persons Authorized to Pick Up Child and /or Contact in Case of Emergency if
Neither Parent is Available.**

Name 1 _____ Name 2. _____

Relationship _____ Relationship _____

Address _____ Address _____

Phone _____ Phone _____

Child's Doctor:

Name _____ Phone _____

Address _____

Indicate the program in which you would like to enroll your child:

Half day: Morning (9:00am ~11:45) 5 days _____

Afternoon (12:45pm.~3:30 p.m.) 2 days _____ 3 days _____ 5days _____

Full day: (9:00am ~ 3:30pm) 5 days _____ 3 days _____ 2 days _____

**Full day +
Extended Hours** (8:00am ~ 6:00pm) 5 days _____ 3 days _____ 2 days _____

Extended hours: (8:00~9:00 am) _____ (3:30~6:00pm) _____

Kindergarten Full day (9:00am~3:30pm) _____

Full day + Extended hours (8:00 am ~ 6:00 p.m.) _____

CUSTODIAL INFORMATION:

If a non-custodial parent is not included among those persons authorized by the custodial parent to pick up the child please explain below and attach a copy of appropriate documents (Court Order)

In the event that a medical emergency occurs I authorize (Name of school)
_____ to seek emergency medical care for my child as deemed necessary
by the Director.

Date

Signature

I have received the Information to Parents Statement.

Date

Signature

For Center Use Only:

Date of Enrollment _____

Date of Enrollment Conference _____

Date of Withdrawal _____