



Application form for New Families 2017-18

Office use only

Application Fee _____ Date Received _____
Date accepted _____ Date enrolled _____

Date _____

Child's Name _____ Prefers to be called _____

Child's Birth Date _____ Child's Age _____ Sex _____

Address _____

Email Address _____ Name/Phone # _____

Name/Cell # _____

Siblings (ages) _____

Comments: _____

Preferred Schedule: Please number any preferences from 1-3.

5 Day _____ 3 Day M, W, F _____ 2 Day T, TH _____

Time options: 9:00-1:00 _____ 9:00-3:00 _____ 7:30-5:30 _____

There will be no exceptions to the schedules due to curriculum expectations.

Signature Date

Print Name