

2021 - 2022 Application

Child's Full Name					
Date of Birth	Age	Male	Female		
Race (optional) Child	s Primary Language, if other that	n English			
Hair Color Eye Color	Identifying	Marks			
☐ I am Re-Enrolling ☐ I am a New Applican	t (A non-refundable, one-ti	me application fe	e of \$75.00 is due for all new students)		
<u>TODDLER PROGRAM</u> *Starting at 15 n Please choose your preferred schedule:	nonths What is your pro	eferred start date			
□ Toddler HALF DAYS (9am to 1pm)	□ Toddler FULL D	AYS (9am to 3	pm)		
□ Mondays □ Tuesdays □ Wednesday		`	Γ /		
Would you like Enrichment for these days?					
MORNING (7:30 to start of school)	Mondays □ Tuesdays	□ Wednesda	ys □ Thursdays □ Fridays		
AFTERSCHOOL (3-5PM) □ Mondays □ Tuesdays □ Wednesdays □ Thursdays □ Fridays					
PRESCHOOL PROGRAM *Starting at 2.9 years What is your preferred start date Please choose your preferred schedule:					
□ Preschool HALF DAYS (9am to 1pm)	□ Preschoo	1 FULL DAYS	(9am to 3pm)		
□ Mondays □ Tuesdays □ Wednesday			1 /		
Would you like Enrichment for these days?					
MORNING (7:30 to start of school)	Mondays □ Tuesdays	□ Wednesda	ys □ Thursdays □ Fridays		
AFTERSCHOOL (3-5PM) □ N	Iondays □ Tuesdays□	Wednesdays	☐ Thursdays ☐ Fridays		
PRE-KINDERGARTEN PROGRAM Please choose your preferred schedule: What is your preferred start date					
□ Pre-Kindergarten HALF DAYS (9am to	o 1pm) □ F	re-Kindergarter	n FULL DAYS (9am to 3pm)		
□ Mondays □ Tuesdays □ Wednesday	s □ Thursdays □ Frid	ays	•		
Would you like Enrichment for these days?					
•	Mondays □ Tuesdays	□ Wednesda	ys □ Thursdays □ Fridays		
AFTERSCHOOL (3-5PM) □ N	Iondays □ Tuesdays□	Wednesdays [□ Thursdays □ Fridays		
ELEMENTARY PROGRAM	What is your preferred	start data			
☐ Kindergarten ☐ First Grade ☐ Second					
Would you like Enrichment for these days?		_ 1 0 W W O 1 W C			
· · · · · · · · · · · · · · · · · · ·	Mondays □ Tuesdays	□ Wednesda	ys □ Thursdays □ Fridays		
,	•	•	s □ Thursdays □ Fridays		
Please see our Schedule of Fees Tuition Sheet	for prices and details.				

PARENT 1 FULL NAME						
			City			
State	Zip	Email Address		Cell		
Phone		Home	Work			
PARENT 2 F	ULL NAME					
☐ CHECK HERE IF SAME ADDRESS AS ABOVE						
Mailing Addre	ess		City	 		
State	Zip	Email Address		· · · · · · · · · · · · · · · · · · ·		
Cell Phone _		Home	Work	 		
Who does applicant live with? Parent 1 Parent 2 Both Parents Other Guardian (please explain) Is there any legal custody agreements or court orders that we should know about? No Yes (if yes, please supply latest order)						
Sibling Name(s)		Age(s)			
School						
Parent/Legal C	Guardian Signature _		Date	_		

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