ENROLLMENT APPLICATION

Start Date _____ _____ _____ Child's Date of Birth _____ _____ _____

Child's Name _____
First Middle Last

Mother's Name _____
First Middle Last

Father's Name _____
First Middle Last

Guardian's Name _____
First Middle Last

Work Telephone # Mother_____ Father_____ Guardian _____

Home Telephone# Mother_____ Father_____ Guardian _____

ATTENDANCE SCHEDULE

There is no minimum attendance requirement, however, **YOU WILL BE BILLED FOR ALL ABSENCES** based upon the following schedule unless a twenty-four (24) hour notice is given. Schedule changes must be completed on the Schedule Change form and submitted during the week immediately prior to attendance.

DAY	6:30	7:30	8:30	9:30	10:30	11:30	12:30	1:30	2:30	3:30	4:30	5:30
M												
T												
W												
TR												
F												

Does a custody agreement exist? No ____ Yes ____ If yes, please provide details:

_____

Is there a stepparent? No _____ Yes _____ if yes: Name(s)_____

Are there any brothers or sister? No _____ Yes _____ if yes, List names and birthdates.

Name _____DOB_____

Name _____DOB_____

Name _____DOB_____

Is the child adopted? No _____ Yes _____ if yes, has the child been told of adoption? _____

I/We understand that changes in the attendance schedule must be provided in advance and in writing.

Signature_____ **Signature** _____

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