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| Student Enrollment Form- School Year 2020-21 |
| Today’s date: | ❑ New Student ❑ Returning Student   |
| Student INFORMATION |
| Last Name: | First Name: | Middle |
| Birth date: / / | Age as of Sept 1, 2019:  | Sex: ❑ M ❑ F |
| Street address: | Primary Phone No. |
| ( ) |
| P.O. box: | City: | State: | ZIP Code: |
| **Supplemental Care**❑AM 7:00am – 8:00 am❑PM 3:00pm – 4:00 pm❑PM 3:00pm – 4:30 pm❑PM 3:00pm – 5:00 pm |

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| ❑ **5 Full Days** 8:30am – 3:00pm | ❑ **5 Half Days** 8:30am – 11:30am |
|
| ❑ **3 Full Day** 8:30 am – 3:00pm | ❑ **3 Half Days** 8:30am – 11:30amPre-Primary and Prep Only |
|

 **Program Schedule**: please indicate desired schedule\*Requests for specific days of attendance may be indicated, but are not guaranteed.  |
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| Parent INFORMATION  |

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| Parent Name: | Parent Email:  | Primary Phone: ( ) |
| Parent Name: | Parent Email:  | Primary Phone: ( ) |

**Special Arrangements or Requests:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |
| **Parent Signature** | **Date** |
|  |
| **Administrative Use Only** |
| **Classroom Assignment:** |  |
| **Interview Date:**  | **Entrance Date:** | **Sibling Discount:** ❑YES ❑No  | **Other Discount:**  |
| **Code word:**  | **Application Fee:** | **Deposit:**  |