APPLICATION FOR ENROLLMENT

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| **Application Date: Month / Day / Year** | **Child's Desired Start Date: Month / Day / Year** |
| CHILD'S NAME | **Child's Graduation Date Month / Day / Year**  **from LCDS:** |

First Name Middle Name Last Name Date of Birth: Month/Day/Year

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| --- | --- | --- | --- |
|  |  |  |  |

Full Address: Street No. City Postal Code

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**Half-Day Self Directed Program** 8am - 12am

**Transportation needed after program**

**Summer Camp** 8:30am-12:30pm

**Application for:**

**PARENT/GUARDIAN INFORMATION**

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| --- | --- |
| **Parent/Guardian Name** | **Occupation** |
| **Home Address** | **Work Address** |
|  |  |
| **Residence Phone** | **Work Phone** |

|  |  |
| --- | --- |
| **Parent/Guardian Name** | **Occupation** |
| **Home Address** | **Work Address** |
|  |  |
| **Residence Phone** | **Work Phone** |

**EMERGENCY CONTACT PERSON**

|  |  |
| --- | --- |
| **Name** | **Relationship** |
| **Residence Phone** | **Work/Cell Phone** |

**\*IMPORTANT NOTE**

An admin fee of $5 is required with this application. Payment can be made to [https://www.paypal.me/LCDS3310](http://www.paypal.me/LCDS3310)

This fee is non refundable.

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| **Parent Signature Date :** |
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| All Personal Information provided to **Little Creek Discovery School** will be treated in accordance with the terms of the school Privacy Policy |