



# ENROLLMENT APPLICATION (Please Print)

Child's First Name: \_\_\_\_\_

Middle: \_\_\_\_\_ Last: \_\_\_\_\_ Child's Nickname: \_\_\_\_\_

Gender: Male \_\_ Female\_\_ Age (as of Aug 31, 2019) \_\_\_\_\_

School Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Child's Home Phone \_\_\_\_\_

## Parent/Guardian - Contact Information

### Parent/Guardian #1

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Ms. Mrs. Mr. Other \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

### Parent/Guardian #2

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Ms. Mrs. Mr. Other \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Address \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_ Employer \_\_\_\_\_

Child Resides with \_\_\_\_\_ Person responsible for payments: \_\_\_\_\_

### Please tell us how you heard about WT CARES Program

School \_\_\_\_\_ Word of Mouth \_\_\_\_\_ Flyer \_\_\_\_\_ Other \_\_\_\_\_