

**Student Information**

Date \_\_\_\_\_

Child's Name \_\_\_\_\_

Birthday \_\_\_\_\_  
Month day year

Desired start date \_\_\_\_\_  
Month day year

Desired attendance schedule (please select):

<b><i>Week day</i></b>	<b><i>Time</i></b>
Monday	_____
Tuesday	_____
Wednesday	_____
Thursday	_____
Friday	_____

Mother's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Father's Name \_\_\_\_\_

Address: \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_