



Application for Enrollment

Date Submitted: _____
Start Date _____

CHILD'S INFORMATION:

| | | | |
|------------|-------------|------|---|
| Last Name: | First Name: | DOB: | Gender: <input type="checkbox"/> M <input type="checkbox"/> F |
|------------|-------------|------|---|

| | | |
|---------------|-------------------|----------------|
| Home Address: | 1st Contact Phone | Place of Birth |
|---------------|-------------------|----------------|

PARENT / GUARDIAN INFORMATION:

| | |
|-----------------------------|-----------------------------|
| Mother's Last / First Name: | Father's Last / First Name: |
| Street Address: | Street Address: |
| City, State, Zip | City, State, Zip |

| | | | |
|-------------|-------------|-------------|-------------|
| Cell Phone: | Bus. Phone: | Cell Phone: | Bus. Phone: |
|-------------|-------------|-------------|-------------|

| | |
|--|---|
| Employer: | Employer: |
| Email: | Email: |
| Marital Status of Parents: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed If divorced, Name parent with legal custody: | Child resides with: <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other |

SELECT A DESIRED PROGRAM: *Tuition is based on monthly payments.

| | | | | |
|-------------------------|------------------------|-----------------|------------|-------|
| Full - Time | 7:00 a.m. - 6:00 p.m. | Monday - Friday | \$2150.00 | _____ |
| Part - time(mornings) | 7:00 a.m. - 12:30 p.m. | Monday- Friday | \$ 1200.00 | _____ |
| Part - time(afternoons) | 1:00 p.m. - 6:00 p.m. | Monday - Friday | \$ 1200.00 | _____ |