



Application for Enrollment

Date Submitted _____

CHILD'S INFORMATION:

Start Date _____

Last Name:	First Name:	DOB:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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Home Address:	1st Contact Phone	Place of Birth
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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:
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Employer:	Employer:
Email:	Email:

<p>Marital Status of Parents:</p> <p><input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Single <input type="checkbox"/> Widowed</p> <p>If divorced, Name parent with legal custody: _____</p>	<p>Child resides with:</p> <p><input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father</p> <p><input type="checkbox"/> Other</p>
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SELECT A DESIRED PROGRAM: *Tuition is based on monthly payments.

Full - Time	7:00 a.m. - 6:00 p.m.	Monday - Friday	\$2300.00 _____
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 _____