



Application for Enrollment

Date Submitted: _____

Ideal Start Date: _____

Child's Information:

Last Name:	First Name:	D.O.B:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Home Address:		First Contact:	Place of Birth:

Parent / Guardian Information:

Mother's Last/First :		Father's Last/First:	
Street Address:		Street Address:	
City, State, Zip:		City, State, Zip:	
Cell Number:	Business Number:	Cell Number:	Business Number:
Employer:		Employer:	
Email:		Email:	

<p>Marital Status of Parents:</p> <p><input type="checkbox"/> Married</p> <p><input type="checkbox"/> Divorced</p> <p><input type="checkbox"/> Separated</p> <p><input type="checkbox"/> Widowed</p> <p><input type="checkbox"/> Single</p>	<p>Child Resides With:</p> <p><input type="checkbox"/> Both Parents</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Other: _____</p>
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MONTHLY TUITION IS 2,500; hours of operation 8am-5pm, Monday-Friday