



# APPLICATION AND ENROLLMENT FORM

School Year 20\_\_\_\_/20\_\_\_\_\_

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Child's Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number (\_\_\_\_) \_\_\_\_\_ Start Date: \_\_\_\_\_

Cell Phone/Pagers: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_  I give permission to release my e-mail on the class list.

Food Allergies/Restrictions/Symptoms: \_\_\_\_\_

*I would like my child to be enrolled in the session circled below.*

*I have enclosed my \$75 enrollment fee and one period of tuition per the fee sheet.*

Preschool 2.5 hrs.	AM	5 Days (M-F)	3 Days (MWF)	2 Days (Tu/Th)	
Preschool 2.5 hrs.	PM	5 Days (M-F)	4 Days (4's—5's)	3 Days (MWF—3's)	
All Day Preschool 7:00 am—6:00 pm	Mon	Tues	Wed	Thurs	Fri
School-Age Care	K thru 5th				
Before School	Mon	Tues	Wed	Thurs	Fri
After School	Mon	Tues	Wed	Thurs	Fri

How did you hear about us? \_\_\_\_\_

What elementary school will/does your child attend? \_\_\_\_\_ Current grade: \_\_\_\_\_

Siblings/birthdates: \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**OFFICE USE ONLY**

Start Date \_\_\_\_\_ Enrollment Fee \_\_\_\_\_ Ck. Number \_\_\_\_\_ Ck. Date \_\_\_\_\_  
 Restart Date \_\_\_\_\_ Re-Enrollment Fee \_\_\_\_\_ Ck. Number \_\_\_\_\_ Ck. Date \_\_\_\_\_

D.C. Security Deposit \_\_\_\_\_ Ck. Number \_\_\_\_\_ Ck. Date \_\_\_\_\_

Summer Sec. Deposit \_\_\_\_\_ Fall Security Deposit \_\_\_\_\_

T-Shirt \_\_\_\_\_ Bag \_\_\_\_\_ Tuition Card \_\_\_\_\_ Last Day of Attendance \_\_\_\_\_

Med. \_\_\_\_\_ Rel. \_\_\_\_\_ Bio \_\_\_\_\_ Verifs.: DCFS \_\_\_\_\_ G.D. \_\_\_\_\_ P.Hdbk. \_\_\_\_\_ P/F \_\_\_\_\_ S/A Rel. \_\_\_\_\_



(PLEASE RETURN THIS SHEET TO THE GRAND AVENUE OFFICE)

*Authorized Regular Pick-Up List ( Parents and Care Taker)*

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

*Contingency Pick-up List (someone local: i.e. relative, neighbor, etc.)*

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

*Emergency Contact List (can be someone out of town)*

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

*Persons NOT PERMITTED to pick up child*

Name _____	Address _____	Phone _____	Relationship _____
Name _____	Address _____	Phone _____	Relationship _____

MOTHER'S Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

FATHER'S Name \_\_\_\_\_ Marital Status \_\_\_\_\_

Home Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Father's Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Parent Phone Numbers:** Please list in order of priority, e.g. Mom work: 708-333-3333

1. \_\_\_\_\_ 4. \_\_\_\_\_

2. \_\_\_\_\_ 5. \_\_\_\_\_

3. \_\_\_\_\_ 6. \_\_\_\_\_

Child's Doctor's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Child's Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_