Application for Admission

General Information:

Child's name: _____ Last Name: _____

Child goes by: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Preferred Phone number(s): _____

Preferred email: _____

Preferred method of Contact: Text: _____ Call: _____ Email: _____

List Any known Allergies: _____

Parent information:

Parent name:_____ Last Name: _____

Phone number: _____ is it a cell? _____

email: _____

Parent name:_____ Last Name: _____

Phone number: _____ is it a cell? _____

email: _____

Emergency Contact other than parents:

Name: _____ Last name:_____

number: _____ relationship with child: _____

Please select the program you are applying for:

Toddler Classes: _____ Which class?_____

Prechool: _____ Elementary _____ Summer Camp _____