

Date Received _____
Application fees CK# _____
1st Month Tuition CK# _____



"A gifted program for every child"

APPLICATION FOR ADMISSION

Please print clearly and complete form in its entirety

Child's Name _____ Sex _____ Age _____ DOB _____

Home Address _____

Home Phone _____ Parent's marital status _____

Number of siblings & their ages _____ (boys) _____ (girls)

LEGAL GUARDIANS (Both legal guardian signatures required)

PARENT 1

Name _____ Cell # _____

Business Name _____ Occupation _____

Business Address _____

Business Phone # _____ Driver's License # _____

PARENT 2

Name _____ Cell # _____

Business Name _____ Occupation _____

Business Address _____

Business Phone # _____ Driver's License # _____

SCHOOL HISTORY

Has your child attended school before? _____ Reason for leaving: _____

Name & location of last of last school/ daycare attended: _____

How did you hear about our school? _____



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INTERESTS

What special talents, skills, or strong interests have you observed in your child?

HEALTH OR SPECIAL NEEDS

Please indicate any health issues, special diet, or special needs your child may have:

ENROLLMENT

Date interested in enrolling your child: _____

Requested days of attendance

(please circle one of the shaded boxes)

	5 days	3 days (M/W/F only)	2 days (T/TH only)
7:30am-6:00pm (extended day)	M-F	M/W/F	T/TH
8:00am-3:00pm (normal day)	M-F	M/W/F	T/TH
8:00am-12:00pm (half day)	M-F	M/W/F	T/TH

Is your child toilet trained? _____ Does your child nap? _____

Please enclose a \$300.00 (non-refundable) application fee per child to be placed on our waiting list.

SIGNATURES OF PARENTS OR GUARDIANS

PARENT 1 _____ Date _____

PARENT 1 EMAIL _____

PARENT 2 _____ Date _____

PARENT 2 EMAIL _____