



••• **PERSONAL INFORMATION:**

STUDENT'S NAME (First, Middle, Last): \_\_\_\_\_  
 Date Of Birth: \_\_\_\_\_ Male  Female   
 Home Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Primary Phone #: \_\_\_\_\_

■ ■ ■ **PARENT (S) OR GUARDIAN (S) INFORMATION:**

Father's Name: _____	Mother's Name: _____
Father's Occupation: _____	Mother's Occupation: _____
Company: _____	Company: _____
Home Address: _____	Home Address: _____
City, State, Zip: _____	City, State, Zip: _____
Home Phone #: _____	Home Phone #: _____
Cell Phone #: _____	Cell Phone #: _____
Work Phone #: _____	Work Phone #: _____
Email: _____	Email: _____

▲ ▲ ▲ **PLEASE SELECT YOUR PROGRAM:**

INFANT PROGRAM(6 weeks to 15 months):  
 Half Day (9:00 a.m. -12:30 p.m.)  
 All Day (9:00 a.m. -4:00 p.m.) additional hours (specify) \_\_\_\_\_

TODDLER PROGRAM(15 to 36 months):  
 All Day (9:00 a.m. -4:00 p.m.) additional hours (specify) \_\_\_\_\_  
 Half Day (9:00 a.m. -12:30 p.m.)

PRIMARY PROGRAM(3 -6 years):  
 All Day (9:00 a.m. -4:00 p.m.) additional hours (specify) \_\_\_\_\_  
 HalfDay (9:00 a.m. -12:30 p.m.)

ELEMENTARY I:  
 All Day (9:00 a.m. -3:30 p.m.) additional hours (specify) \_\_\_\_\_

Additional Information: \_\_\_\_\_  
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