2010-2011 APPLICATION FORM

CHILD'S NAME: _____ _____ **MALE FEMALE**
First Last

BIRTHDATE:_____*(month/day/year)* **Age (in months) as of 09/01/10:**_____**mos.**

DAY PREFERENCES

Please rank your preferences...We cannot guarantee your choice of days

Ages 6 mos.-17 mos. _____**Mon/Wed**
Ages 18 mos-3 years _____**Mon/Wed** _____**Tues/Thurs**

ADDRESS:_____

CITY, STATE:_____ **ZIP CODE:**_____

HOME PHONE:_____

MOTHER'S NAME:_____ **FATHER'S NAME:**_____

OCCUPATION:_____ **OCCUPATION:**_____

WORK PHONE:_____ **WORK PHONE:**_____

CELL PHONE:_____ **CELL PHONE:**_____

PRIMARY E-MAIL: _____ **OTHER #:**_____

Child lives with: Both Parents Mother Father Guardians

ALTERNATE ADDRESS (if applicable):_____

_____

CHURCH AFFILIATION:_____

PARENT SIGNATURE:_____ **DATE:**_____

For Office Use Only

Date Received: _____ *Registration Fee:*_____ *Postcard Mailed:*_____

Class: _____ *Waiting List:* _____