



APPLICATION FOR ENROLLMENT

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: () _____

City: _____ State: _____ Zip: _____ Gender: _____

Parent/Guardian Information

Mother/Guardian Name: _____ Home: () _____
 Address (if different): _____ Work: () _____
 _____ Cell: () _____

Father/Guardian Name: _____ Home: () _____
 Address (if different): _____ Work: () _____
 _____ Cell: () _____

Family Email Address: _____

Session Information

Please check your first choice and indicate if you will accept either session.

Morning Session Afternoon Session I will accept either session.
 9:00 – 11:30 am 12:30 – 3:00 pm

T-Shirt Information

Please check your child's shirt size.

Small (6-8) Medium (8-10) Large (10-12)

Please tell us how you heard about our program.

NON-REFUNDABLE REGISTRATION FEE: \$50.00
 A CHECK MUST ACCOMPANY THIS APPLICATION

Parent/Guardian Signature: _____ **Date:** _____

Office Use Only

Date Accepted: _____ Check # _____ Confirmation sent: _____ Tour Date _____