



Enrollment Application 2018-19

Fill out each line completely:

Child's Name Sex Current Age Birth date

Home Address (including city, state, zip) Home Telephone

Parent/Guardian #1 Home Address (if different child's)

Parent/Guardian #1 Email Address Cell Phone Number

Place of Employment Address of Employment Business Number

Parent/Guardian #2 Home Address (if different from child's)

Parent/Guardian #2 Email Address Cell Phone Number

Place of Employment Address of Employment Business Number

Child's Living Arrangements: ☐ Both Parents ☐ Mother ☐ Father ☐ Other _____

Please indicate choice of enrollment option:

_____ Full Day _____ Part Time (M,W,F Full-day)
_____ School Day (8:30-3:30) _____ Part Time (T,TH Full-day)

This form and the accompanying Registration Fee of \$300 (**no fee for pre-k**) represents official enrollment to The Willow School for the 2018-19 school year. By signing below I acknowledge that the Registration Fee is non-refundable upon payment except in the case that the school is unable to provide service. **I also acknowledge that I must give 30-days notice if I decide to withdraw from the school.**

Signature of Parent/Guardian

Printed Name

Date

