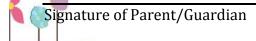


Enrollment Application 2018-19

Child's Name	Sex	Current Age	Birth date
Home Address (including city, state, zip)			Home Telephone
Parent/Guardian #	[!] 1	Home Address (if different child	l's)
Parent/Guardian #1 Email Address			Cell Phone Number
Place of Employme	ent	Address of Employment	Business Number
Parent/Guardian #	¹ 2	Home Address (if different from	child's)
Parent/Guardian #2 Email Address			Cell Phone Number
Place of Employme	ent	Address of Employment	Business Number
Child's Living Arra	ngement	s: [] Both Parents [] Mother [] F	ather [] Other
Please indicate cho Full Day School Da		P	Part Time (M,W,F Full-day) Part Time (T,TH Full-day)
enrollment to The the Registration Fe	Willow S ee is non-	nying Registration Fee of \$300 (n chool for the 2018-19 school yea refundable upon payment except nowledge that I must give 30-da	r. By signing below I acknowled tin the case that the school is un



Fill out each line completely:

Printed Name

