



After School Enrollment Application 2019-2020

Child's Name Sex Current Age Birth date

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

Parent/Guardian #1 Home Address (if different from above) Cell Phone Number

Parent/Guardian #1 Email Address

Place of Employment Address of Employment Business Number

Parent/Guardian #2 Home Address (if different from above) Cell Phone Number

Parent/Guardian #2 Email Address

Place of Employment Address of Employment Business Number

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

Please indicate choice of enrollment option: ___ Full Week ___ 4 Days ___ 3 Days ___ 2 Days ___ 1 Day
(Indicate Days If Not Full Week _____)

This form and the accompanying Registration Fee of \$150 represents official enrollment to The Willow School After School Program. 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 program.**

Signature of Parent/Guardian

Printed Name

Date