



Enrollment Application 2016-17

Child's Name	Sex	Current Age	Birth date
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Home Address	Home Telephone
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Parent/Guardian #1	Home Address (if different from above)	Cell Phone Number
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Parent/Guardian #1 Email Address

Place of Employment	Address of Employment	Business Number
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Parent/Guardian #2	Home Address (if different from above)	Cell Phone Number
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Parent/Guardian #2 Email Address

Place of Employment	Address of Employment	Business Number
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Child's Living Arrangements: Both Parents Mother Father Other _____

Please indicate choice of enrollment option:

_____ Full Day	_____ Part Time (M,W,F)
_____ School Day (8:30-3:30)	_____ Part Time (T,TH)
_____ Half Day (9:00-1:00)	

This form and the accompanying Registration Fee of \$300 represents official enrollment to The Willow School for the 2016-17 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