



Enrollment Application 2019-20

Fill out each line completely:

Child's Name Sex Current Age Birth date

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

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

Parent/Guardian #1 Email Address Cell Phone Number

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

Parent/Guardian #2 Email Address Cell Phone Number

Child's Living Arrangements: Both Parents Parent #1 Parent #2 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)
_____ Pre-K _____ After School Program

Registration Fee:

_____ \$300 (All classes except Pre-K)
_____ \$150 (After School Program)
_____ Pre-K (No fee required)

This form and the accompanying Registration Fee represent official enrollment to The Willow School for the 2019-20 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

