



Enrollment Application 2020-2021

FILL OUT EACH LINE COMPLETELY AND LEGIBLY:

Child's Full Name	Sex	Current Age	Birth Date
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Child's Home Address/City/State/Zip

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

Parent/Guardian #1 Email Address

Phone Number

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

Parent/Guardian #2 Email Address

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 (K-2)

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 2020-21 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 provide 30-days notice if I decide to withdraw from the school.**

Signature of Parent/Guardian

Printed Name

Date