



Enrollment Application 2020-2021

FILL OUT EACH LINE COMPLETELY AND LEGIBLY:

Child's Full Name _____ Sex _____ Current Age _____ Birth Date _____

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 _____