Enrollment Application 2015-16

Child's Name | Sex | Current Age | Birth date

Home Address | Home Telephone

Parent email addresses

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

Place of Employment | Address of Employment | Business Number

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

Place of Employment | Address of Employment | Business Number

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

Desired Start Date: _____

Please indicate choice of enrollment option:

_____ Full Day

_____ School Day (8:30-3:30)

_____ Half Day (9:00-1:00)

_____ Part Time (M,W,F)

_____ Part Time (T,TH)

This form and the accompanying Registration Fee of $300 represents official enrollment to The Willow School for the 2015-16 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

The Willow School
141 Sams Street, Suite A1
Decatur, GA 30030

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