



## Willow School After School Enrollment Application 2018-2019

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Child's Name                      Sex                      Current Age                      Birth date

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Home Address (including city, state, zip)                      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

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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

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Place of Employment                      Address of Employment                      Business Number

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)

This form and the accompanying Registration Fee of \$100 represents official enrollment to The Willow School After School Program 2018-2019. 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 program.**

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Signature of Parent/Guardian

Printed Name

Date