

Preliminary Application

Student Name _____

Address _____

Phone Number _____ Date of Birth _____

Mother's Name _____

Father's Name _____

Email Address _____

(Please circle all that apply)

Is this child a current student or a sibling of a former student? [Yes No]

If yes, please give name(s) of former student and attendance dates

Name _____

Attendance Dates _____

What days will this student attend school? [Mon Tues Wed Thurs Fri]

Will this student require **before** school care? [Yes No]
[Mon Tues Wed Thurs Fri]

Will this student participate in the **Lunch Bunch** program? [Yes No]
[Mon Tues Wed Thurs Fri]

Will this student require **after** school care? [Yes No]
[Mon Tues Wed Thurs Fri]

Will this student need **late** day care? [Yes No]
[Mon Tues Wed Thurs Fri]

***All Preliminary Applications must include a nonrefundable check for \$75.00**
