

Today's Date _____



APPLICATION FORM

Child's Name: _____ (Last) (First) (MI) (Nickname)				Date of birth: _____
Home Address: _____			Zip Code: _____	
School: _____	Grade: _____	Track (if applicable): _____		

ENROLLMENT DATES [circle the week(s) you would like to enroll]

Jan. V1 C2 D3 C4 D5	May V1 V2 D3 C4	Sept. D1 V2.1 V2.2 C3 D4
Feb. V1 V2 C3 D4	June V1 C2 D3 V4	Oct. V1 C2 D3 V4 C5
Mar. V1 C2 D3 D4	July V1 V2 C3 D4 V5	Nov. D1 V2 C3 D4
Apr. C1 V2 V3.1 V3.2 D4 C5	Aug. C1 D2 V3 C4	Dec. V1 C2 D3

Other _____

V = Visual Arts

C = Culinary Arts

D = Dramatic Arts

CONTACT INFORMATION

Mother's/Guardian's Name: _____		
Address: _____		Zip Code: _____
Phone(H): _____	Cell: _____	Email: _____
Father's/Guardians' Name: _____		
Address: _____		Zip Code: _____
Phone(H): _____	Cell: _____	Email: _____

CHILD INFORMATION

Does your child have any known allergies: No _____ Yes _____

If yes, Explain: _____

EMERGENCY CARE INFORMATION

If neither father nor mother (or guardian) can be contacted, call one of the following . . .

Name/relationship: _____	Phone(H): _____	Phone(O): _____
Name/relationship: _____	Phone(H): _____	Phone(O): _____

If you cannot pickup your child, please give the names of persons to whom your child can be released:
