

## Enrollment Form

Please complete the following information about your child(ren) and return this form with your payment:

2011-2012 School Year

Child's Name	Grade	Before-School Care only	After-School Care only	Both
		Enter "M" for Monthly or "D" for Drop-In Below		

Individuals who are authorized to pickup your child(ren):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

My signature confirms that I agree to abide by all policies listed above.

Signature \_\_\_\_\_ Date \_\_\_\_\_