



For Office Use ONLY

Date Received: _____

Initials: _____

Current Student Enrollment

2026-2027 School Year

Child's Name: _____

Date: _____

Child's date of Birth: _____

Parents/Guardian names: _____

Full time students:

Hours of operation: 7:00am-5:00pm

Drop off times: 7:00am-8:25am

Pickup times: 3:00pm-5:00pm

Schedule (There is a 3-day minimum) Please note pick up and drop off times in Boxes:

	Monday	Tuesday	Wednesday	Thursday	Friday
Drop off time					
Pickup time					

Part time students:

Hours of operation: 8:15am-11:30am

Drop off times: 8:15am-8:25am

Pickup time: 11:30am

Schedule (There is a 4-day minimum; 3-day schedules will be considered on a case-by-case basis depending upon availability)

Monday	Tuesday	Wednesday	Thursday	Friday

Emergency Contact (this person will be contacted IF we cannot reach a parent):

(Name) _____ (relation to child) _____

(Phone number) _____

Hospital Preference (ONE hospital ONLY): _____ Parent Initials: _____

Hospital Phone Number: _____

Has ANY information been changed since your last application (Including but not limited to: people who are authorized/no longer authorized to pick your child up, address, custody arrangements, phone number)? Yes _____ No _____

If Yes, List changes in box below

_____	Parent Signature: _____
-------	-------------------------

Date: _____