



ENROLLMENT APPLICATION

Start Date (Mo/Yr) _____

Before Care Ages 3+ _____ Half Day (8:30-11:30) _____ Full Day(8:30-3:00) _____ After Care Ages 3+ (3:00-6:00) _____

NAME OF CHILD _____ HOME PHONE _____

SEX _____ PRESENT AGE _____ BIRTHDATE _____

HOME ADDRESS _____ CITY, STATE & ZIP _____

EMAIL _____

GENERAL HEALTH OF CHILD _____ ALLERGIES _____ FEARS _____

ANY SERIOUS ILLNESS OR ACCIDENT _____

PEDIATRICIAN NAME _____ ADDRESS _____ PHONE _____

PREVIOUS SCHOOLING? _____ WHERE? _____

IS CHILD CARED FOR OTHER THAN PARENTS? _____ IF YES, BY WHOM? _____

FATHER'S NAME _____

MOTHER'S NAME _____

OCCUPATION _____

OCCUPATION _____

BUSINESS ADDRESS _____

BUSINESS ADDRESS _____

CITY, STATE & ZIP _____

CITY, STATE & ZIP _____

BUSINESS PHONE _____

BUSINESS PHONE _____

PAGER/CELLULAR _____

PAGER/CELLULAR _____

ARE PARENTS SEPARATED OR DIVORCED? _____ CUSTODY: BOTH _____ MOTHER _____ FATHER _____

HOW DID YOU HEAR ABOUT OUR SCHOOL? _____

PERSON TO BE NOTIFIED IF PARENTS CAN NOT BE REACHED:

NAME _____ ADDRESS _____

PHONE _____ RELATIONSHIP _____

PERMITTED TO REMOVE CHILD FROM SCHOOL: MOTHER: YES _____ NO _____ FATHER: YES _____ NO _____

OTHER PERSONS ALLOWED TO REMOVE CHILD FROM SCHOOL:

NAME _____ ADDRESS _____ PHONE _____

NAME _____ ADDRESS _____ PHONE _____



This agreement is between **Cherry Blossom Learning Center** (the school) and the undersigned individual(s) as parents, guardian, custodian or other person(s) financially responsible for the above named student (the Responsible Party). The Responsible Party represents to the School that she/he has the authority to execute this agreement on behalf of herself/himself and the student and agrees to all of the terms and conditions set forth in this contract and as stipulated in the Cherry Blossom Learning Center's Parent Handbook. I understand I, the Responsible Party, am financially responsible for the non-refundable yearly school registration deposit and all monthly tuition to be paid in full for the ten months and/or the two optional summer sessions of the school year for which my child is registered. I assume full liability for all services rendered by Cherry Blossom Learning Center. In the event my account needs to be assigned to a collection agency or attorney for collection of funds due. I am fully aware that I will be held financially responsible for all attorney fees, collection fees, filing fees, finance charges, interest charges and any other costs incurred. This contract is binding as per my signature effective of the date below.

PARENT'S/GUARDIAN SIGNATURES:

_____ DATE _____
Mother's Signature (or Guardian)

_____ DATE _____
Father's Signature (or Guardian)

TWO HEALTH CERTIFICATES (IMMUNIZATION SCHEDULE AND GENERAL HEALTH FORM) FROM YOUR PEDIATRICIAN AND A NON-REFUNDABLE **\$50 APPLICATION FEE** ARE TO BE ATTACHED

OFFICE USE ONLY:

Completed Application _____ Registration/Ck# _____

Health Form _____

Immunization Form _____

Child's Picture _____

Parent's Driver's Licenses: M _____ D _____