



# 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.

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**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

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**OFFICE USE ONLY:**

Completed Application \_\_\_\_\_ Registration/Ck# \_\_\_\_\_

Health Form \_\_\_\_\_

Immunization Form \_\_\_\_\_

Child's Picture \_\_\_\_\_

Parent's Driver's Licenses: M \_\_\_\_\_ D \_\_\_\_\_