

Enrollment Application

	Today Date:	
	Enrollment Date:	
Child's Name:	D.O.B.:	
Child's Name:	D.O.B.:	
Child's Name:	D.O.B.:	
Enrolling: M T W TH F	Hours Attending:	
Parent's Name: F	Phone Number:	
Parent's Employer: W	Vork Number:	
Parents Email:		
Parent's Name: F	Phone Number:	
Parent's Employer: W	Vork Number:	
Parent's Email:		
Home Address:		
By signing this application I understand that my \$125.00 registra holds a spot for my child/ren. If I choose not to enroll with Grow deposit is non-refundable.	• •	
Parent Signature:		
Referred By:		
For Office Use		
Classroom Enrollme	ent Date	

Registration Fee Paid _____

Tuition _____