



FALL 2011 APPLICATION

Child's Information

Full Name: _____
Last First
 Birthdate: _____ Grade: _____ Gender: (Male) (Female)
mm/dd/yyyy (circle one)
 School: _____

Parent's Information

Parent/Guardian's Name: _____
 Address: _____
Street Apt. No.

City State Zip
 Phone Numbers: _____
Home Work Cell
 Email Address: _____

Emergency Contact Information

1) Full Name: _____ Relationship: _____
 Phone: _____
 2) Full Name: _____ Relationship: _____
 Phone: _____
 Parent/Guardian's Signature: _____

Please circle only **ONE (1)** of the following options:

<u>Option #1</u>	<u>Option #2</u>	<u>Option #3</u>	<u>Option #4</u>
Saturday	Saturday	Saturday	Saturday
9:00am – 11:00am	11:00am – 1:00pm	1:00pm – 3:00pm	3:00pm – 5:00pm

<u>Option #5</u>	<u>Option #6</u>	<u>Option #7</u>	<u>Option #8</u>
Sunday	Sunday	Sunday	Sunday
9:00am – 11:00am	11:00am – 1:00pm	1:00pm – 3:00pm	3:00pm – 5:00pm