

Garden Art Studio After School Program

APPLICATION FORM 2017-18

Today's Date: _____ Number of children enrolling: _____

Full name of child 1: _____ Birthdate: _____ Gender: F M

Full name of child 2: _____ Birthdate: _____ Gender: F M

Full name of child 3: _____ Birthdate: _____ Gender: F M

Any nicknames? _____

Names & ages of other children in family: _____

Agreed upon tuition plan / rate: _____

Parent/Guardian Name: _____ Email Address: _____

Relationship (mother, father, stepmother, guardian, etc.) _____

Address: _____

Street Address

City

Zip

Mailing Address: _____

Address or P.O. Box

City

Zip

Phone: (home) _____ work: _____ cell: _____

Occupation: _____ Employer: _____

Place of Employment: _____

Street Address

City

Zip

Parent/Guardian Name: _____ Email Address: _____

Relationship (mother, father, stepmother, guardian, etc.) _____

Address: _____

Street Address

City

Zip

Phone: (home) _____ work: _____ cell: _____

Occupation: _____ Employer: _____

Place of Employment: _____

Street Address

City

Zip