



Janine M. Marks, Executive Director

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ENROLLMENT STATEMENT

CHILD'S NAME: _____ DATE OF BIRTH: ____/____/____

SOCIAL SECURITY #: _____-_____-_____

HEIGHT: _____ WEIGHT: _____

EYE COLOR: _____ HAIR COLOR: _____

I would like to reserve a slot for my child for the year 20____ to 20____.

DAYS ATTENDING: M ___ T ___ W ___ TH ___ F ___ DAILY HOURS: _____

MEAL(S) TO BE SERVED: Breakfast ___ Lunch ___ Snack ___

FEE PER WEEK: _____ PAYMENT SCHEDULE: _____ BI MONTHLY: _____

PARENT/GUARDIAN'S SIGNATURE

PARENT/GUARDIAN SOCIAL SECURITY #

____/____/____
DATE