

ROOM TO GROW
ENROLLMENT FORM – 2022/23 SCHOOL YEAR SESSION
08/29/22 - 06/ ? /23 (TBA)

Child's Name _____ Nickname _____ Date of Birth _____ Sex _____

Child's Street Address _____

How did you hear about Room To Grow? _____

Parent's Marital Status: Married _____ Separated _____ Divorced _____ Widowed _____ Single _____

Mother's Name _____ Home Phone _____

Mother's Mailing Address (if different than above) _____

Mother's Place of Employment _____ Work Phone _____

Mother's Employment Street Address _____ Cell Phone _____

Father's Name _____ Home Phone _____

Father's Mailing Address (if different than above) _____

Father's Place of Employment _____ Work Phone _____

Father's Employment Street Address _____ Cell Phone _____

Siblings in Family (Names & Ages) _____

CHECK OFF THE PROGRAMS DESIRED
& SPECIFY THE DAYS & TIMES THAT YOU WISH TO ENROLL YOUR CHILD

_____ **INFANTS** (6 Weeks to 1 Year) _____
Your Infant must be scheduled for a minimum of 6 hours per day, twice a week.

_____ **TODDLERS** (1 & 2 Year Olds) _____
Your Toddler must be scheduled for a minimum of 6 hours per day, twice a week

_____ **PRESCHOOL** (3 & 4 Year Olds) _____
Your Preschooler must be scheduled for a minimum of 3 hours per day, twice a week

_____ **BEFORE SCHOOL** _____
One hour daily minimum

_____ **AFTER SCHOOL** _____
Two hour daily minimum

I would like my child to be enrolled in the 2022/23 Fall Session for the days and times designated above.

I realize that all spaces are on a "first come, first served" basis.

I understand that a check for \$25.00 (\$30.00 per family) MUST accompany this form and that this fee is non-refundable.

_____ Date

_____ Signature of Parent or Legal Guardian