

**ROOM TO GROW**  
**ENROLLMENT FORM – 2024/25 SCHOOL YEAR SESSION**  
08/26/24 - 06/ ? /25 (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** \_\_\_\_\_  
*1-1/2 hour daily before school minimum*

\_\_\_\_\_ **AFTER SCHOOL** \_\_\_\_\_  
*1-1/2 hour daily after school minimum*

*I would like my child to be enrolled in the 2024/25 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 \$35.00 (\$40.00 per family) MUST accompany this form and that this fee is non-refundable.*

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Signature of Parent or Legal Guardian**