

**ROOM TO GROW**  
**OCCASIONAL USE ENROLLMENT FORM 2024/25**  
Available for Ages 3+

**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) \_\_\_\_\_

*I would like my child to be enrolled in Room To Grow's Occasional Use Program  
for the 2024 Summer Session and the 2024/25 School Year Session.*

*I understand that my child will not have a Regular Schedule. Instead, I will call to see if there is space available on a daily or weekly basis. Once I reserve space, I understand that I am responsible for payment of those scheduled hours unless Room To Grow is notified at least 24 hours in advance of a change.*

*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