

Achievers Summer School 2017

Enrollment Application



Desired Schedule: Full Time _____ Part Time: _____ **Desired Start Date:** _____

Child's Full Name: (Please Print) _____ SS#: _____

Name Child Is Called: _____ Birthdate: ____/____/____ Age: _____ Sex: _____

Do you need early drop off (8am) and/or late pick up (6pm) service for \$50 per week? Yes/ No

Do you want your child to be enrolled into Achievers Reading Club and be sent more information later? Yes/No

If yes, please provide email address: _____

1. Sponsor's Name: _____ Relation To Child: _____

Sponsor's Driver's Lic. or SS#: _____ Home Phone: _____

Email: _____ Cell Phone: _____

Sponsor's Home Address: _____

Sponsor's Place of Employment: _____ Work Phone: _____

Business Address: _____

2. Spouse's Name: _____ Relation To Child: _____

Spouse's Driver's Lic. or SS#: _____ Home Phone: _____

Spouse's Home Address: _____

Spouse's Place of Employment: _____ Work Phone: _____

Business Address: _____

3. Physician's Name: _____ Physician's Phone #: _____

Physician's Complete Street Address: _____

4. Other Contacts – Minimum of 2: *(To be called to pick up child if sponsor or spouse cannot be reached).*

First Contact:

Name: _____ Relation To Child: _____

Driver's Lic. or SS#: _____ Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

5. With whom does your child live? _____

6. Does your child have any special needs, fears or concerns? _____

Sponsor's Signature

Date

Principal's Signature