



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

REQUEST FOR ADMISSION

☐ Early Learning:

CHILD'S NAME: _____ DATE OF BIRTH: _____
(or mother's due date)

CHILD'S NAME: _____ DATE OF BIRTH: _____

DESIRED DATE OF ADMISSION: _____

Is your child toilet trained? YES NO

☐ School Age:

CHILD'S NAME: _____ DATE OF BIRTH: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

DESIRED DATE OF ADMISSION: _____

What school does your child attend? _____

Contact Information:

Name: _____ Relationship: _____

Phone: _____ Address: _____

Email Address: _____

COMPLETION OF THIS FORM DOES NOT GUARANTEE ADMISSION. ADMISSION IS BASED ON AVAILABILITY.

When a spot becomes available, you will be informed of an opening based on your position on the waitlist and will then have 48 hours to accept or decline. If you wish to accept, you must guarantee your spot with a deposit that is held and applied to the first two weeks of tuition. When a start date is set, charges will begin on that day.

OFFICE USE:	
Date received:	Classroom:
Informed of admission:	Deposit paid / paperwork given: