

PARENT CHILD APPLICATION FORM

Name of child: _____
First Middle Last

Name of child: _____
First Middle Last

Address: _____
Street

City/Town State Zip

Child's age: _____ years _____ months _____ M _____ F

DOB: _____ birthplace: _____

Child's age: _____ years _____ months _____ M _____ F

DOB: _____ birthplace: _____

Father's Full Name

Mother's Full Name

Home Address (if different)

Home Address (if different)

Home Phone Work Phone

Home Phone Work Phone

Occupation

Occupation

Please circle **Monday** Session requested: (Mondays, 9:00–11:00 am or Mondays, 12:00 Noon-2 pm)

Session I Session II Session III Session IV Session V
9/10-10/22/07 11/5-12/10/07 1/7-3/3/08 3/10-4/14/08 5/5-6/9/08

Please circle **Friday** Session requested: (Fridays, 9:00-11:00 am)

Session I Session II Session III Session IV Session V
9/7-10/26/07 11/2-12/21/07 1/18-2/22/08 3/14-5/2/08 5/9-6/13/08

Program Fee on a sliding scale of \$75-\$150 per session.
Amount you are able to pay:\$_____ Please enclose payment with application.