

# VILLA CRESTA TOTS FUN CENTER

## APPLICATION FOR ADMISSION

Type of Application- Please check one of the following:

\_\_\_\_\_ Reapplying (Child currently enrolled in the 3-year-old program)

\_\_\_\_\_ Alumni (Child or children previously enrolled in the program)

\_\_\_\_\_ New enrollment

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s)/Legal Guardian(s): \_\_\_\_\_

(Include names of both parents/guardians)

Business Phone \_\_\_\_\_

Parent/Guardian

Place of Employment

\_\_\_\_\_

Parent/Guardian

Place of Employment

Cell Phone \_\_\_\_\_

Parent/Guardian

Parent/Guardian

Child's Physician: \_\_\_\_\_ Physician Phone \_\_\_\_\_

Physician Address: \_\_\_\_\_

Does your child have any special traits, habits, or problems the teacher should be aware of? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any allergies your child may have: \_\_\_\_\_

\_\_\_\_\_

I understand that the Parkville Recreation & Parks Council has no insurance covering recreational programs, and I accept the responsibility of any injury that might occur while my child is participating in this program. I agree to abide by the policies set for in the Statement of Policies and Organization of this program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_