

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: _____