

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_

Placement: \_\_\_\_\_

Payment: Cash Check # \_\_\_\_\_

# Villa Cresta Tots

## Placement Application

\_\_\_New enrollment \_\_\_Re-enrollment (Child currently enrolled) \_\_\_Alumni (Family formerly enrolled)

<b>3 year olds</b>  ___A.M. (9:30-11:30)  ___P.M. (12:30-2:30)  <b>Children entering the 3's class must turn 3 by 11/1 of their entrance year. They will repeat the 3's class before moving into the 4's class.</b>	<b>4 year olds</b>  ___A.M. (9:30-11:30)  ___P.M. (12:30-2:30)  <b>Children entering the 4's class must turn 4 by 9/1 of their entrance year.</b>
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Child's name: \_\_\_\_\_ Nickname: \_\_\_\_\_

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

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

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

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

Parent/Guardian: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

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

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

Physician's Address: \_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Additional email address (i.e. grandparent, daycare provider, etc.): \_\_\_\_\_

\_\_\_\_\_

- I understand that Parkville Recreation and 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 forth in the Statement of Policies and Bylaws of this program.
- I understand and agree there is a non-refundable, non-transferrable application fee of \$40 and a non-refundable, non-transferrable supply fee of \$40.
- I understand and agree that tuition is non-refundable and non-transferrable.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_