

Application for Enrollment SY _____

THE SALVATION ARMY RAY AND JOAN KROC CORPS COMMUNITY CENTER



This application is valid for one (1) school year. _____

Initials

CHILD'S LAST NAME _____

TODAY'S DATE _____ REQUESTED START DATE _____

PARENT'S STATUS MARRIED SINGLE DIVORCED WIDOWED SEPARATED

STUDENT CONTACT INFORMATION

STUDENT NAME (FIRST, MIDDLE, LAST) _____

STUDENT PREFERRED NAME _____ MALE FEMALE

DATE OF BIRTH _____ BIRTHPLACE _____

PRIMARY LANGUAGE _____ HEIGHT _____ WEIGHT _____

HAIR COLOR _____ EYE COLOR _____

DISTINGUISHING MARKS _____ POTTY TRAINED YES NO

PRIMARY CONTACT INFORMATION

RELATIONSHIP TO CHILD
 MOTHER FATHER LEGAL GUARDIAN OTHER (SPECIFY) _____

NAME (FIRST, MIDDLE, LAST) _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

DRIVERS LICENSE STATE _____ DRIVERS LICENSE # _____ DATE OF BIRTH _____

EMPLOYER _____ WORK HOURS _____

EMPLOYER ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERMISSION TO PICK UP STUDENT? YES NO CONTACT IN EMERGENCY? YES NO

RESPONSIBLE FOR PAYMENT? YES NO LIVES WITH CHILD? YES NO

OCCASIONALLY RESPONSIBLE FOR PAYMENT? YES NO

SECONDARY CONTACT INFORMATION

RELATIONSHIP TO CHILD
 MOTHER FATHER LEGAL GUARDIAN OTHER (SPECIFY) _____

NAME (FIRST, MIDDLE, LAST) _____

ADDRESS _____ APT # _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ EMAIL ADDRESS _____

DRIVERS LICENSE STATE _____ DRIVERS LICENSE # _____ DATE OF BIRTH _____

EMPLOYER _____ WORK HOURS _____

EMPLOYER ADDRESS _____

CITY _____ STATE _____ ZIP _____

PERMISSION TO PICK UP STUDENT? YES NO CONTACT IN EMERGENCY? YES NO

RESPONSIBLE FOR PAYMENT? YES NO LIVES WITH CHILD? YES NO

OCCASIONALLY RESPONSIBLE FOR PAYMENT? YES NO

MEMBERSHIP INFO

IS THE FAMILY CURRENTLY KROC MEMBERS?

CURRENTLY A MEMBER

PLAN ON BECOMING A MEMBER IN FUTURE

NOT CURRENTLY A MEMBER

INTERNAL USE ONLY

DATE RECEIVED _____

APP FEE \$ _____ DATE _____

DEPOSIT \$ _____ DATE _____

ANNUAL SUPPLY FEE \$ _____ DATE _____

APPLICATION AGREEMENT

I understand and agree with the Kroc Keiki Learning Center's Application and Application process; should I or any legal guardian of my child decline enrollment at any time, my child's application will be removed from the waiting list. I understand the application fee of \$50.00 is non-refundable.

SIGNATURE _____

DATE _____