



2021 - 2022 School Year

Inquiry Application

Part A: Child Information		
Last, First Name:		Home Phone #:
Primary Contact Number for Emergencies, School Closures, etc.:		
Address:		
Birthdate:	Primary Email:	
Doctor:	Address:	Phone #
Part B: Parent/Guardian Information *Please include Number, Street, Town & Postal Code		
Parent/Guardian's Name	Address:	Phone # Cell #
Same as child <input type="checkbox"/>	Email Address:	
Employer	Address:	Phone #
Parent/Guardian's Name	Address:	Phone # Cell #
Same as child <input type="checkbox"/>	Email Address:	
Employer	Address:	Phone #
Part C: Medical Information (List all communicable diseases your child has been exposed to, any health concerns, allergies, and/or food restrictions)		
Allergies (Food or Medication)		
Special Health Conditions:		
Part D: Program Information (Please choose your option preference)		
Full Day Program (7:30 - 5:00)		
<input type="checkbox"/> Monday - Friday	<input type="checkbox"/> Monday, Wednesday, Friday	<input type="checkbox"/> Tuesday, Thursday

Signature: _____

Date: _____