

PROMISED FUTURE, INC.

APPLICATION FOR ENROLLMENT

(PLEASE FILL OUT IN FULL BEFORE ENROLLMENT MAY COMMENCE)

PERSONAL DATA:

CHILD'S _____ NAME:

(Last) (First) (Middle)

ADDRESS: _____

MOTHER'S NAME: _____ **HOME ADDRESS** _____

_____ **POSTAL CODE** _____

BUSINESS NAME AND ADDRESS _____

_____ **HOME TELEPHONE** _____ **CELL PHONE** _____
_____ **BUSINESS PHONE** _____

FATHER'S NAME: _____ **HOME ADDRESS** _____

HEALTH:

PEDIATRICIAN'S / DOCTOR'S NAME AND ADDRESS: _____

GENERAL DATA:

PERSON TO BE CONTACTED IF PARENTS CANNOT BE REACHED, AND TO WHOM YOUR CHILD MAY BE RELEASED:

NAME: _____ **ADDRESS:** _____

RELATIONSHIP TO CHILD: _____ **PHONE #** _____

Sept. 1, 2020

STAFF INFORMATION:

FIRST DATE CHILD WILL ATTEND: _____

PLANNED REGULAR DAYS: _____

MORNING CLASS: _____ **AFTERNOON CLASS** _____ **LUNCH PROGRAM** _____

WEEKLY FEE OF: \$ _____ **TO BE PAID IN ADVANCE FOR FOLLOWING WEEK OF** _____

DEPOSIT (\$ 20.00 REGISTRATION FEE AND LAST WEEK'S FEES) \$ _____

TOTAL PAYMENT DUE: \$ _____ **PAID BY CASH:** _____ **CHEQUE:** _____ **E-TRANSFER (PLEASE ADD \$1.50 TO PAYMENT)** _____

APPLICATION DATE: _____ **PARENT SIGNATURE:** _____

REGISTERED (DATE): _____ **STAFF SIGNATURE:** _____