

# Mrs. Alexander's Summer Application 2024

CHILD'S NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PARENT/GUARDIAN #1 NAME \_\_\_\_\_ PHONE \_\_\_\_\_

E: MAIL: \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT/GUARDIAN #2 NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMPLOYER \_\_\_\_\_ PHONE \_\_\_\_\_

E; MAIL \_\_\_\_\_

SIBLINGS NAMES \_\_\_\_\_

## PERTINENT INFORMATION

Person, other than parent, who may be contacted in an emergency:

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

PEDIATRICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE \_\_\_\_\_

Does this child have any allergies or special problems? \_\_\_\_\_ If yes, please explain here:

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## DETAILS:

You must select one or both **FULL** week(s) for your child to attend. **The cost per week is \$260 per child for the M-F sessions that runs 8:45 am-11:45 am. A non-refundable 50% deposit is due at time of registration in the in the amount of \$130 per week.** You will be billed via Brightwheel, or you can mail/drop off the payment to the school: Attn: Gina Waelde. The balance can be paid on the 1<sup>st</sup> day of attendance. **Please submit an individual application and updated health form for each child attending.** All applications will be **due by June 1<sup>st</sup>**. The enrollment is on a first come, first served basis and there will be limited space.

## PLEASE SELECT:

Week 1:  
July 8<sup>th</sup>-12<sup>th</sup> \_\_\_\_\_

Week 2:  
July 15<sup>th</sup>-19<sup>th</sup> \_\_\_\_\_