



### Application for Admission

Instructions: Please print and fill out **both** sides of this form completely.

TODAY'S DATE	
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#### Parent Information

FIRST		FIRST	
LAST		LAST	
RELATION TO CHILD	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other Pls Specify _____	RELATION TO CHILD	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Foster <input type="checkbox"/> Other Pls Specify _____
EMAIL		EMAIL	

#### Address Information

ADDRESS		SAME AS PRIMARY <input type="checkbox"/>	ADDRESS	
CITY			CITY	
STATE, ZIP	_____ - _____		STATE, ZIP	_____ - _____
PRIMARY PHONE	(____) _____ - _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home		PRIMARY PHONE	(____) _____ - _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
ALTERNATE PHONE	(____) _____ - _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home		ALTERNATE PHONE	(____) _____ - _____ <input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
WIRELESS CARRIER			WIRELESS CARRIER	

#### Work Information

EMPLOYER		EMPLOYER	
POSITION		POSITION	

#### Other Information

PARENT INFO	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Other _____
SEPARATE LEDGERS	Does your family require separate ledgers per parent? <input type="checkbox"/> Yes <input type="checkbox"/> No
CUSTODY NOTES	

**Child Information** – Please note if the child has any allergies or physical or mental conditions.

FIRST		LAST	
BIRTHDAY OR DUE DATE	____/____/____ <input type="checkbox"/> Check if Due Date	SEX	Male <input type="checkbox"/> Female <input type="checkbox"/>
CHILD LIVES WITH?		SPECIAL CONDITIONS	
		SPECIAL NEEDS	
CHILD'S ETHNICITY		CHILD'S PRIMARY LANGUAGE	
ALLERGIES		FAMILY CULTURE/CUSTOMS/LANGUAGE	

**Program Information**

STEP BY STEP LOCATIONS	<b>Brooklyn Park</b> (763) 493-9093 <input type="checkbox"/>	<b>Chaska</b> (952) 368-4456 <input type="checkbox"/>	<b>Corcoran</b> (763) 498-5437 <input type="checkbox"/>	<b>Maple Grove</b> (763) 315-3602 <input type="checkbox"/>	
	<b>Plymouth</b> (763) 557-6555 <input type="checkbox"/>	<b>Edina @ Southdale</b> (952) 920-7450 <input type="checkbox"/>	<b>St Anthony</b> (612) 788-8010 <input type="checkbox"/>	<b>Wayzata</b> (952) 476-0240 <input type="checkbox"/>	
PEACEFUL VALLEY LOCATIONS	<b>Eden Prairie</b> (952) 934-7862 <input type="checkbox"/>	<b>Golden Valley</b> (763) 208-7581 <input type="checkbox"/>			
LEVEL	<b>Infant</b> (6 wks-15 mo) <input type="checkbox"/> <b>Toddler</b> (16 mo-32 mo) <input type="checkbox"/> <b>Preschool</b> (33 mo-6 yrs) <input type="checkbox"/> <b>School-Age</b> (6-7 yrs) <input type="checkbox"/>				
PROGRAM	5 Full (M-F) <input type="checkbox"/>	5 AM (M-F) <input type="checkbox"/>	5 PM (M-F) <input type="checkbox"/>	3 Full (M,W,F) <input type="checkbox"/>	3 AM (M,W,F) <input type="checkbox"/>
	3 PM (M,W,F) <input type="checkbox"/>	2 Full (T,TH) <input type="checkbox"/>	2 AM (T,TH) <input type="checkbox"/>	2 PM (T,TH) <input type="checkbox"/>	
EXTENDED DAY	Yes <input type="checkbox"/> No <input type="checkbox"/> (Before 8:30 and/or After 3:30)		REQUESTED START DATE	____/____/____	

**For Brooklyn Park Only**

Check the meals your child normally receives while in our care: <input type="checkbox"/> Breakfast <input type="checkbox"/> AM Snack <input type="checkbox"/> Lunch <input type="checkbox"/> PM Snack
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The \$200.00 registration fee must accompany each application for enrollment before it is processed. This registration fee is non-refundable. There is no refund in tuition for holidays, illness, or vacation. One month's written notice is required prior to withdrawal or for reduction in schedule. Tuition not paid by the 5<sup>th</sup> of each month will incur a \$20.00 late fee. There is a convenience fee automatically added to all credit/debit card transactions. Endeavor Schools reserves the right to request a child withdraw from the program if, in the opinion of the school, the child does not adjust to the program, benefit from the program or if family account is not in good standing. Any coupons must be submitted with this application. I understand and agree to the above terms.

I hereby authorize the Center to take my child to its source of emergency care or Doctor, as listed on the Center Information Board, in the event that they are unable to contact the persons or any of the emergency numbers listed. It is understood that in some medical situations, the staff will need to contact the local emergency resources before the parents, child's doctor, and/or an adult acting on the parent's behalf.

Signature: Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

For office use only:

Amt Paid w/App \$	Date Rec'd	Parent has Packet	Received By	Waitlist Y
Start Date	Room Number	Current Parent? Y N	School has copy? Y N	CRM? Y N