



Urban Arts Academy
Preschool Application
2015-2016

Child's Name: _____
Last First Calling Name (if different)

Home Address: _____
Street City/State Zip

Date of Birth _____ Male/Female _____

Previous Early Childhood Care or School _____

Schedule Preference

		Monday-Friday	Mon/Weds/Fri	Tues/Thurs
Early Care	7:30am-9:00am			
Morning Only	9:00am-12:30pm			
Afternoon Only	1:00pm-4:30pm			
Full Day*	9:00am-4:30pm			
After Care (M-Th only)	4:30pm-6:00pm			

*Morning students who would like to extend some, but not all, of their days may do so as space permits.

Parent/Guardian #1

Name _____

Home Address, if different from child _____

Employer _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Please send mailings to this address

Parent/Guardian #2

Name _____

Home Address, if different from child _____

Employer _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Please send mailings to this address, also

**Non-refundable application fee is \$25. Write Check to Urban Arts Academy or pay online. Thanks!

Signature of Parent/Guardian _____ Date _____

Signature of second Guardian (if applicable) _____ Date _____

FOR OFFICE USE ONLY
Date Received: _____ _IR _HRC
Reg Fee Pd: _____ _DB