

FOR OFFICE USE ONLY

Date Received: _____ IR _____ HRC

Reg Fee Pd: _____ DB



Urban Arts Academy
Preschool Application
2017-2018

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

Home Address: _____
Street City/State Zip

Date of Birth _____ Gender (please circle): Male Female Other

Previous Early Childhood Care or School _____

How did you hear about us? _____

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 _____

Cell Phone _____

Work Phone _____

Home Phone _____

Email Address _____

Please send mailings to this address

Parent/Guardian #2

Name _____

Home Address, if different from child _____

Employer _____

Cell Phone _____

Work Phone _____

Home Phone _____

Email Address _____

Please send mailings to this address, also

Non-refundable application fee of \$30 is due with submission

Scholarships:

- My family participates in the Child Care Assistance Program (CCAP)
- My family will be applying for a scholarship through Think Small

*Note: families are responsible for all charges until scholarship is awarded

Signature of Parent/Guardian _____ Date _____

Signature of second Guardian (if applicable) _____ Date _____