

Giggles & Grins Application Form

Date: _____

Child's Name: _____
Last First Middle

Child's Address: _____
Street City State Zip

Child's DOB: _____

Parent's Name: _____

Contact Phone: _____ Text this #? Y / N

Email Address: _____

Start Date: _____

AM Class: T, W, Th 8:30-11:30am _____

PM Class: T, W, Th 11:30-2:30pm _____

I have received & read the following: (please initial each one) Date: _____

_____ Policies & Procedures

_____ Health Policy

_____ Discipline Policy

_____ Permissions Form

_____ Tuition Agreement

Office Use Only:

Registration Fee Paid by: _____ Non-refundable

Child # _____ AM PM

Wait List Date: _____