

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: _____