



Application Form

Name of Applicant (child) _____
Last First Middle

Date of Birth _____ (MM/DD/YY) Sex: M F

Mailing Address: _____

City: _____ State: _____ Zip _____

Mother's Name: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Father's Name: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Home Phone: _____

Present child care arrangement:

Does your child have any special health problems or other conditions that might affect his/her child care?
Please describe.

Parent Involvement is a very important part of the Phoenix School. Each family is required to contribute a set number of hours per quarter volunteering for the school (6 hours for 1 child, full-time). Is your family willing to make this commitment? Yes _____ No _____

We will give you details about Parent Involvement opportunities at time of enrollment.

How did you hear about Phoenix School?

I hereby apply for admission to the Phoenix School and desire entry on: _____ (MM/DD/YY).

Signed

Date

Printed Name

Your relationship to child

*Please submit your completed application form with your \$75 Application Fee (non-refundable).
Make checks payable to Phoenix School. Thanks!*