

Application for Enrollment



Child Information

Child's Full Name: _____
Last First M.I.

Primary Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Birthdate/ due date: _____ Age: _____

What is your desired start date? _____ Circle: Full-Time Part-Time 3 Days Part-Time 2 Days
After-School (Ages 4-10) Summer Camp (Ages 4-10)

If Part-Time, what are your desired attendance dates? _____ Are these dates flexible? _____

Parent 1 Information

Parent 1 Full Name: _____
Last First M.I.

Primary Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Parent 2 Information

Parent 2 Full Name: _____
Last First M.I.

Primary Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Employment

Parent 1:

Company: _____

Phone: _____

Address: _____

Job Title: _____

Parent 2:

Company: _____

Phone: _____

Address: _____

Job Title: _____

Other Information

Is there anything special you would like us to know about your child?

Signature

I certify that my answers are true and complete to the best of my knowledge.

Parent 1
Signature: _____

Date: _____

Parent 2
Signature: _____

Date: _____

Send Applications to: **Smart Start** **or** **hillary.smartstart@gmail.com**
 P.O. Box 856
 Trumansburg, NY 14886

FOR OFFICE USE ONLY

Application Received: _____ Interview Completed: _____

Admission Decision: **Approved** **Denied** **Waitlisted**

Notes:

Signature: _____

Date: _____