

| Office Use | Only |
|----------------|----------|
| Date received: | |
| Welcome sent: | |
| WL sent: | |
| Forms due: | |
| Dep. Due: | |
| Week 1 due: | |
| Flow: | YC OC CC |
| | |

| Date of Applica | tion: | | Sen | nester App | lying | g For: 🗆 | Fall 🗆 S | Spring 🗆 | Summer | Year: 20_ | | |
|--|--|-------------------------|-------------------------------|--|-------------------|--|--|-------------------------------------|---------------------------------|-------------------------------------|------------------------------------|--|
| | | | | С | hild | Informa | tion | | | | | |
| Last Name | | First | First Name/Child Goes E | | | M.I. Gende | | ender | Dat | e of Birth | Current Age | |
| | | | | | | | y □Girl | | | | | |
| Family Contact Information | | | | | | | | | | | | |
| Street Address | | | | | City | | | | Code | Code Home Phone | | |
| | | | | | | | | | | | | |
| Requested Schedule (schedule in :15 minute increments :00, :15, :30, :45) | | | | | | | | | | | | |
| | Monda | | ay Tuesda | | y Wednesday | | | y | Thursda | ay | Friday | |
| Arrive | | | | | | | | | | - | - | |
| Depart | | | | | | | | | | | | |
| Parent/Guardian Information (Anyone listed as a parent/guardian automatically has the right to pick up enrolled child) | | | | | | | | | | | | |
| | - | | | Mother/ | | | | Father/Guardian | | | | |
| Name | Name | | | | | | | | | | | |
| Phone | | H: | | | | C: | | | | | | |
| Work Phone | | | | | | | | | | | | |
| Employer | | | | | | | | | | | | |
| Kish College ID (Leave blank if you do not yet have a Kish ID) | | | | | | | | | | | | |
| Relationship to Kish | | | □Student □Community □Employee | | | | | □Student □Community □Employee | | | | |
| E-mail Address | | | | | | | | | | | | |
| Child Lives With | | | | □Yes | | □No | | | □Yes □No | | | |
| | | | | Pick Up C | | | | | | | | |
| In addition to parents/g Continuing families, ple | guardians listed abo ase update this list | ove, individ EVERY s | duals listed b emester. On | elow are authori ly contacts listed | zed to d on yo | pick my child u our most recent | up from the Ce t Application fo | enter and may a or Enrollment (t | lso be contact his document) | ed in the event of serve as your em | an emergency. ergency contacts. | |
| | Name | | Phone | | | Address | | | Relationship to family (friend) | | | |
| 1 | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | |
| Emergency Medical Information | | | | | | | | | | | | |
| Physician Name | | Ph | Phone A | | Addr | | | lergies | | List allergies | | |
| □Yes □No | | | | | | | | | | | | |
| Tuition Payment Information | | | | | | | | | | | | |
| | | | | | | | fy for financial assistance through 4-C. | | | | | |
| □ I plan to apply for 4-C financial assistance. | | | | | | □ Please send me more info regarding financial assistance. | | | | | | |

Revised February 2020

Please feel free to provide any additional information on the back of this Application.