



## Request for Admission

Please print.

Child's Name: \_\_\_\_\_ Gender: M\_\_\_ F\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent / Guardian (1) Name: \_\_\_\_\_

Parent / Guardian (1) Phone Contact: ( ) \_\_\_\_\_ -- \_\_\_\_\_ / ( ) \_\_\_\_\_ -- \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent / Guardian (2) Name: \_\_\_\_\_

Parent / Guardian (2) Phone Contact: ( ) \_\_\_\_\_ -- \_\_\_\_\_ / ( ) \_\_\_\_\_ -- \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Requested Schedule:**  Full Day  
 Half Day Morning  
 Half Day Afternoon

**Days Requested:** (3 or 5 days)  
 Monday  Tuesday  Wednesday  Thursday  Friday  
I am flexible with my days  Yes  No

**Location:** I wish to enroll my child at the following location:

2125 21<sup>st</sup> Avenue  2519 27<sup>th</sup> Street  I am flexible with the location

**Requested start date:** \_\_\_\_\_

Would you be interested if a spot should be available before your requested start date?  Yes  No

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please Print

Parent Signature: ✕ \_\_\_\_\_

How did you hear about Kid Krazy?  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE USE ONLY

TT  BB  CP  BF