

FOR OFFICE USE ONLY

Date Received: \_\_\_\_\_ IR \_\_\_\_\_ HRC

Reg Fee Pd: \_\_\_\_\_ DB



Urban Arts Academy  
Preschool Application  
2016-2017

Child's Name: \_\_\_\_\_  
Last First Calling Name (if different)

Home Address: \_\_\_\_\_  
Street City/State Zip

Date of Birth \_\_\_\_\_ Gender (please circle): Male Female Other

Previous Early Childhood Care or School \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Schedule Preference

		Monday-Friday	Mon/Weds/Fri	Tues/Thurs
<b>Early Care</b>	7:30am-9:00am			
<b>Morning Only</b>	9:00am-12:30pm			
<b>Afternoon Only</b>	1:00pm-4:30pm			
<b>Full Day*</b>	9:00am-4:30pm			
<b>After Care (M-Th only)</b>	4:30pm-6:00pm			

\*Morning students who would like to extend some, but not all, of their days may do so as space permits.

Parent/Guardian #1

Name \_\_\_\_\_

Home Address, if different from child \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Please send mailings to this address

Parent/Guardian #2

Name \_\_\_\_\_

Home Address, if different from child \_\_\_\_\_

Employer \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Please send mailings to this address, also

\*\*Non-refundable application fee of \$30 is due with submission\*\*

Scholarships:

- My family participates in the Child Care Assistance Program (CCAP)
- My family will be applying for a scholarship through Think Small

\*Note: families are responsible for all charges until scholarship is awarded

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of second Guardian (if applicable) \_\_\_\_\_ Date \_\_\_\_\_