



# Blue Leaf School™ Enrollment Application

## Child's Information

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

## Guardian's Information:

Contact Name 1: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

Contact Name 2: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

## Desired Schedule:

Requested start date: \_\_\_\_\_ Today's date: \_\_\_\_\_

Before care desired? (8-8:30a)  Extended care desired? (3:30p-5:30p)

## Tell us a little about you:

Three words to describe your child :

\_\_\_\_\_

Why do you feel Blue Leaf is a good fit for your family?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been sued, had a claim presented against you, sued anybody or presented a claim against anybody? \_\_\_\_\_

How did you hear about Blue Leaf?

\_\_\_\_\_

Thank you!