



STUDENT APPLICATION FORM

Campus applying for: Cumming Suwanee/Sugar Hill

Student Information

Birth date (mm/dd/yyyy): _____ Age: _____

Child's Name: Last: _____ First: _____ Middle Initial: _____

Child's Nickname: _____ Gender: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone Number: _____ Child's Primary Language: _____

Previous schools attended: _____

Program: (Please Circle Program(s) desired)

Academic Year (Aug-May)

- Before School 6:30-8:00 (included in tuition)
- Infant 8:00-12:00 8:00-3:00 8:00-6:30
- Toddler 8:00-12:00 8:00-3:00 8:00-6:30
- Primary 8:00-12:00 8:00-3:00 8:00-6:30

Summer Session (June-July) (only available as extension to academic year)

- Not applicable
- Before School 6:30-8:00 (included in tuition)
- Infant 8:00-12:00 8:00-3:00 8:00-6:30
- Toddler 8:00-12:00 8:00-3:00 8:00-6:30
- Primary 8:00-12:00 8:00-3:00 8:00-6:30

For office use only

\$200 Application Fee received. Check # _____ or Credit Card Payment

Signature _____

Date _____

Parent Information

Parent 1: Name: _____ Phone: _____

Email: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Employer: _____ Phone: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Parent 2: Name: _____ Phone: _____

Email: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Employer: _____ Phone: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Regular Care Arrangements: Lives with: Both Parents Parent 1 Parent 2 Other:

Are there any custody arrangements for your child? Yes No
If Yes, please explain: _____

(If Yes, a court order with supporting documentation describing custody arrangements and restrictions must be provided.)

What kinds of activities do you do with your child? _____

What approach to discipline do you use? _____

Does your child have any diagnosed special needs or medical conditions? Yes No
If yes, please describe and attach care plan: _____

Are your child's activities restricted by any special needs, medical or otherwise? Yes No
If yes, please describe and attach care plan: _____

\$200 application fee is enclosed.

Print Name

Signature

Date _____