

Please  
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a recent  
photo of  
applicant  
here



This application is to be completed by a parent or guardian.  
A non-refundable application fee of **\$20.00** is required for  
each applicant *not* currently enrolled in Little Friends.

**Applicant Information** (Currently accepting children 18 months - 4 years of age)

Name of Applicant: \_\_\_\_\_  
 First Middle Last Nickname (if any)  
 Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female  
 Parents'/Guardian's Name: \_\_\_\_\_  
 Primary Home Address: \_\_\_\_\_ City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Mobile Phone: \_\_\_\_\_  
 Electronic school communication should be sent to: \_\_\_\_\_  
 Primary Email Address

**Session I (June 18 - July 13):**

	Monday*	Tuesday*	Wednesday*	Thursday**	Friday**
½ Day (8-12:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Day (8-4:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Session II: (July 16 - Aug 10)**

	Monday*	Tuesday*	Wednesday*	Thursday	Friday**
½ Day (8-12:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full Day (8-4:00)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**\*(3-day option offered ½ Day, Mon. - Wed. only)    \*\*(2-day option offered ½ Day, Thurs. - Fri. only)**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of parent or guardian)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of person to be financially responsible, if different)

*By signing this application/contract and upon acceptance of my child into the Little Friends Summer Program; 1) I acknowledge that I have received a full written description of the features and duties of the Little Friends Summer Program; 2) I am committing myself to any and all financial or other obligations associated with the program; 3) I obligate myself to pay any and all collection fees and costs that are incurred to collect any past due amounts.*

Application Received: Date: \_\_\_\_\_ By: \_\_\_\_\_

Amount Received: \$ \_\_\_\_\_ Check # \_\_\_\_\_