

# Program Selection Application

**Student's Information:**

Students first and last: \_\_\_\_\_

Grade: \_\_\_\_\_

Name of School: \_\_\_\_\_

Days chosen: \_\_\_\_\_

**Parent/Guardian phone number:**

First and last name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

House address: \_\_\_\_\_

Does your child have any food allergies, if so please provide exact details:

\_\_\_\_\_  
\_\_\_\_\_

**Program (s) Selected:** \_\_\_\_\_

Payments must be submitted to reserve your child's spot. All payments are non-refundable/non-transferable regardless of the reason you are dropping your child from the program.

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For Office Use Only: Amount Received: \$ \_\_\_\_\_

Check #: \_\_\_\_\_ Cash: \_\_\_\_\_ Credit: \_\_\_\_\_

Payment Information: Date: \_\_\_\_\_ Received By: \_\_\_\_\_