



Enrollment Application



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? (8am drop-off)

Extended care desired? (4:30pm pick-up)

Extended care desired? (5:30pm pick-up)

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!