



APPLICATION SUMMER 2021

Child's Name: _____ Nickname: _____

Birth date: _____ / _____ / _____ Gender: Male / Female

Home Address: _____

City & Zip: _____

Home Phone: (____) _____ Preferred daytime #: _____

First Parent/Guardian Name: _____

Place of Business: Company Name & Address: _____

Occupation: _____

Work Phone: _____ Cell Phone #: _____

Email address: _____

Second Parent/Guardian Name: _____

Place of Business: Company Name & Address: _____

Occupation: _____

Work Phone: _____ Cell Phone #: _____

Email address: _____

Weekly Tuition Rate:

Schedule	5 days/wk	3 days/wk (M/W/F)	2 days/wk (Tu/Th)
9:00am-3:00pm	____ 510/wk	____ 330/wk	____ 237/wk
3:00pm-6:00pm	____ 216/wk	____ 165/wk	____ 115/wk

Week of (check all that apply):

July 6-9 _____ This is a 4 day week _____ 4 days/wk @ \$440 August 9-13 _____
July 12-16 _____ July 26- 30 _____ August 16-20 _____
July 19-23 _____ August 2-6 _____ August 23-27 _____

To reserve your spot, the full payment is due. Make checks payable to "Kids' Canvas" or request an invoice to pay online. Invoices can be paid online using a bank transfer or credit card. Credit card transactions will incur a 3% processing fee.

FOR OFFICE USE:

RECEIVED ON ____/____/20____

Child's Name _____DOB_____Gender_____

Please help us get to know your child by answering the following questions:

If child does not live with both parents, please describe family situation

List any siblings, their ages and where they attend school. Previous KC student?

List any languages other than English that your child speaks.

Briefly describe your child's personality and temperament.

Briefly describe your child's previous school experiences/organized/group activities.

Is your child able to separate from you comfortably? How have you supported your child with transitions/separations in the past?

Child's Name _____ DOB _____ Gender _____

What are some of your child's interests?

How does your child play/work with others? (leader, follower, makes friends easily, etc.)
Is there anything else you would like to share that would help us know your child?

Is your child receiving any special services? (e.g. speech, SEIT, occupational therapy)
Any special medical needs or allergies?

What are your hopes/expectations for your child's experience at Kids' Canvas?