



Enrollment Information

School

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Parent/ Guardian 1 Information

Last Name		First Name		MI
Drivers License Number			Email Address	
Street Address				
City		State		Zip
Home Phone		Work Phone		Cell Phone
Employer			Title	
Company Street Address				
City		State		Zip

Parent/ Guardian 2 Information

Last Name		First Name		MI
Drivers License Number			Email Address	
Street Address				
City		State		Zip
Home Phone		Work Phone		Cell Phone
Employer			Title	
Company Street Address				
City		State		Zip

Child's Information

Last Name		First Name		MI
Date of Birth			Classroom	
Street Address				
City		State		Zip
Home circumstance Child lives with <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother only <input type="checkbox"/> Father Only <input type="checkbox"/> Grandparents <input type="checkbox"/> Other custodian (please specify) _____				
Grade in Elementary School:				

Program Needed:

MONDAY

- Before & After
- Before school
- After School

TUESDAY

- Before & After
- Before school
- After School

WEDNESDAY

- Before & After
- Before school
- After School

THURSDAY

- Before & After
- Before school
- After School

FRIDAY

- Before & After
- Before school
- After School

Please verify your chosen method of tuition payment:

- Automatic Deduction Credit Card
- Automatic Deduction Banking Card
- Online Payment Credit Card
- Online Payment Banking Card

Questions or Comments:

Phone: 410515-8750 ext.127

Email: info@HSECP.com

Parent Signature

Date