

Child's Name: _____

Birth Date: _____ M _____ F _____ Ethnicity (optional) _____

1. Check one. _____ **Returning** [From 2011/2012 School Year] Re-Start Date: _____

_____ **New Enrollment** with Start Date: _____

2. Circle the Grade. at **BIG KIDS** **Kinder** **1st** **2nd**

at **KIDS CLUB** **3rd** **4th** **5th** **6th**

3. Circle the School Child Attends.

Ordway Odyssey Sakai

Blakely Wilkes

Island School St. Cecilia's Madrona Other: _____

4. Circle either Before Only, Before & After or After School Only.

a. Before School Only ****Before School Only does not include Non-School Days & Holidays.**

b. Before and After School

c. After School Only

d. Drop In

Schedules for **Before & After** and **After School** includes childcare during: **BISD Winter and Spring Break; BISD Parent Conference Weeks; BISD Holidays** when the centers are open; **BISD Non-School Days** and **BISD Early Dismissal Days** at no additional charge.

5. Circle the Schedule.

Schedules available are:

Full Week -OR **any Four Days** -OR **Mon-Wed-Fri** -OR **Tues-Thurs**

Alternate schedules are available as space permits with permission of the Center Director.

6. Circle the Days. **Monday** **Tuesday** **Wednesday** **Thursday** **Friday**

****Extended Care may be available at an additional charge as space permits when care beyond the regular schedule is needed.**

Office Use: _____
Schedule _____ Days _____ Other _____