



<b>CHILD INFORMATION</b>	
NAME	DATE OF BIRTH
RACE*	
<i>*This information is needed to comply with governmental reporting and grant requirements. Your responses will be kept confidential. Wild Lilac CDC admits students without regard to race, color and national or ethnic origin.</i>	
<b>PARENT/GUARDIAN INFORMATION</b>	
NAME & RELATIONSHIP TO CHILD	OCCUPATION
EMAIL ADDRESS	CELL
HOME ADDRESS	CITY/ZIP
NAME & RELATIONSHIP TO CHILD	OCCUPATION
EMAIL ADDRESS	CELL
HOME ADDRESS	CITY/ZIP
<b>START DATE</b> WHEN WOULD YOU LIKE YOUR CHILD TO BEGIN? NOTE MONTH & YEAR.	
<b>SCHEDULE</b> WHAT DAYS WOULD YOU LIKE YOUR CHILD TO ATTEND? CIRCLE THEM.	
MORNINGS:	MONDAYS      TUESDAYS      WEDNESDAYS      THURSDAYS      FRIDAYS
FULL DAYS:	MONDAYS      TUESDAYS      WEDNESDAYS      THURSDAYS      FRIDAYS
<b>FLEXIBILITY</b> HOW FLEXIBLE ARE THESE CHOICES? PLEASE EXPLAIN.	
<b>PARENT/GUARDIAN SIGNATURE &amp; DATE</b>	
FIRST PARENT/GUARDIAN	SECOND PARENT/GUARDIAN

<b>OFFICE USE ONLY</b>	
DATE REC'D? _____	TOUR? <input type="checkbox"/> NO <input type="checkbox"/> YES ON _____
COHORT? _____	SPOT OFFERED? <input type="checkbox"/> YES ON _____
ENROLLMENT DATE? _____	REC'D: <input type="checkbox"/> ENR FEE <input type="checkbox"/> FORMS <input type="checkbox"/> FM TUITION & LM DEPOSIT