



West Broward Academy VPK

ENROLLMENT APPLICATION SCHOOL YEAR 2018-2019

Enrollment Date: _____ Password: _____

Name: _____ Preferred Name: _____

Address: _____ City: _____ Zip Code: _____

Date of Birth: _____ Age: _____ Sex: _____ Home Telephone: (____) _____

Program applying for: (circle) VPK only _____ VPK Full Day _____

FAMILY INFORMATION

Parent's Name _____ Parent's Name _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Parent's Work (____) _____ Parent's Work (____) _____

Parent's Cell Phone (____) _____ Parent's Cell Phone (____) _____

Driver's license # _____ Driver's license# _____

Tag# _____ Tag# _____

Email Address: _____

Email Address: _____

Complete this section ONLY if it differs from the above information

Name _____ Name _____

Address: _____ Address: _____

Home (____) _____ Cell (____) _____ Home (____) _____ Cell (____) _____

Child lives with: Both () () Step-parent () other (specify) _____

Who has legal custody? _____



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Person responsible for all payments: _____

Besides the parents, persons to reach in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Persons permitted to remove child *at any time*:

Name: _____ Relationship: _____

Driver's License Number:

_____ Phone: _____

Name: _____ Relationship: _____

Driver's License Number:

_____ Phone: _____

- Please let us know of any changes to pick up or phone number change or address change-immediately
- Special custody or pick up restriction must be accompanied by legal documents signed by a judge. There are no exceptions.

I have read and fully understand all the enclosed materials

Parent/Legal Guardian Signature _____ Date: _____