

## 39209 US HWY 6 P.O. Box 955 Avon, CO 81620 Phone: 970-949-6585 Fax: 970-949-6535

## New Student Application Form

Date of Inquiry:		Requested Start Date:		
Circle desired enrol	ment schedule:			
2 Day Opt Tuesday/Thu		3 Day Option: onday/Wednesday/Friday		
Child's Name:		Date of Birth/Due Date:		
Mailing Address:				
Place of Employmer Home #:	nt: Work #: _	Cell	#:	
Place of Employmer Home #:	nt: Work#: _	Cell	#:	
There is no fee to complete receipt will be sent when a waiting list based on the or currently enrolled, followed application reaches the top Once a spot has been extent o secure the spot. If you dopening, your application we decide to keep it active, yo	e an application. Apply a application is received by new application of the waiting list anded and accepted, to not respond, your will be removed from application will be	admission Process clications will be reviewed a fived. If all spots are full, apply was received. Priority will be in the desired age group. You a spot is available. A respective registration and enrollmename will be removed from the wait list unless you required.	nd processed. A confirmation of olicants will be placed on the e given to families with children ou will be notified once your onse is required within 48 hours. ent agreement must be completed the waiting list. If you decline an uest that it remain active. If you e waiting list. You are welcome to	
Parent Signature		rector Signature	 Date received	