



New Student Request for Invitation

Child's Name (Last, First, Middle Initial)		Bathroom Training Requested	
Current Age	Date of Birth	Female	Male
Home Address		Home Phone	
Child lives with	Mother	Father	Both
Guardian (Specify)			
Desired Date of Enrollment		Primary Language Spoken at Home	
Primary Hours of Care: From _____ To _____			
Days of the Week in Care: M T W Th F			

PRIMARY CONTACT:

Parent / Guardian		Relationship to Child	
Home Address		Home Phone	
Email Address	Mobile Phone	Work Phone	
Child is fully immunized	Yes	No	If YES, Please provide a copy of the child's immunization record If NO, Please provide a copy of child's medical exemption
Why are you considering Exploris Learning Academy? How did you hear about Exploris Learning Academy?			

We appreciate your interest in Exploris Learning Academy for your family. We expect our programs to be full and therefore maintain a wait list for the convenience of our families. A non-refundable Request and Wait List Fee of \$30.00 is required for consideration of placement. Your child will be placed on the wait list on the date we receive the fee and this request. Joining the wait list does not guarantee placement and submitting this request does not commit you to enroll if offered placement.

Parent / Guardian Signature : _____ Date _____

