C:\Users\00127184\Desktop\untitled.png

# EXTENDED DAY SERVICES (E.D.S.)

# 2019-2020 ENROLLMENT APPLICATION

# TAM VALLEY SCHOOL

Child’s Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nickname \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthday ­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender \_\_\_\_\_\_\_\_ Grade in Sept. 2019 \_\_\_\_\_\_\_\_

Eye color \_\_\_\_\_\_\_\_\_\_\_\_ Hair color \_\_\_\_\_\_\_\_\_\_\_ Identifying Marks \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Name(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work / Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent e-mails:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e-mail is the primary mode of communication about information, newsletters, classroom activities and events)

Does your child have food/activity restrictions, diagnosed allergies, special needs, custody arrangements, medical or other conditions? Please describe. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who shall be the primary emergency contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ primary payer contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I request my child attend E.D.S.: (Mark Days & Sessions) □ My child will attend on a drop-in basis only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| Mornings  7:30-8:15 AM |  |  |  |  |  |
| Kindergarten Partial Afternoon  1:15-2:30 PM |  |  | Not available on Weds. |  |  |
| Kindergarten Full Afternoon  1:15-6:30 PM |  |  |  |  |  |
| School Age Afternoon  2:30-6:30 PM (1:30 PM Weds.) |  |  |  |  |  |

**PAYMENT OF A NONREFUNDABLE $50.00 FEE TO Bright Horizons IS DUE AT THE TIME OF APPLICATION.**

**Application does not guarantee placement**. Your center management will contact you with availability after processing your application in the order of receipt. Families needing full time care are given priority. Original form must be submitted with the fee to be processed.

**SIGNATURE** **DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application mailing addresses (be sure to specify which center on your envelope)

*Please do not mail correspondence to the schools during the summer – it will not be processed until after school opens.*

**Old Mill, Strawberry or Tam Valley EDS Park or Edna Maguire EDS**

**7**75 E. Blithedale Avenue, UPS Box #386 775 E. Blithedale Avenue, UPS Box #393

Mill Valley, CA 94941 Mill Valley, CA 94941

Tax ID # 04-2949680 www.brighthorizons.com