

# ENROLLMENT APPLICATION

STUDENT'S

NAME \_\_\_\_\_ AGE \_\_\_\_\_ D.O.B. \_\_\_\_\_

HOW DID YOU FIND OUT ABOUT GSC? \_\_\_\_\_

(I.E, BIRTHDAY PARTY, CLINIC, EXHIBITION, FRIEND OR FAMILY, NEWSPAPER,PHONE BOOK, PLAYDAY, SIGN OUT FRONT, T.V.)

MOM'S NAME \_\_\_\_\_ DAD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE(\_\_\_\_\_) \_\_\_\_\_ E-Mail \_\_\_\_\_

MOM'S WORK PHONE \_\_\_\_\_ DAD'S WORK PHONE \_\_\_\_\_

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CLASS \_\_\_\_\_ COLOR \_\_\_\_\_ DAY \_\_\_\_\_ TIME \_\_\_\_\_

STARTING DATE \_\_\_\_\_

Registration

First Month's Tuition

Last Month's Tuition

Total

+

+

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