

Registration Application



Young Achievers
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FOR OFFICIAL USE ONLY

Today is: _____ Tour Conducted by: _____

ENROLLMENT DATE: _____

FEES PAID:

Registration Fee \$ _____
 Tuition Paid \$ _____
 Activity Fee \$ _____
 Security Fee \$ _____
 Cash CK # _____ Amt \$ _____ Date: _____

ATTENDANCE FIELD:

6:30 am – 6:30 pm
 7:30 am – 1:30 pm
 2:00 – 6:30
 Other: _____

CHECK LIST:

Application Contract Physician Health Inv.
 Parent Health/Lead Inv. Emergency Card Parent Handbook

Date of Entrance

Class Placement

Mom e-mail

Dad e-mail

PLEASE PRINT ALL INFORMATION

I hereby make application for my (son/daughter) whose full name is _____ Age _____

Last First Middle

Date of Birth Nickname Home phone

Address of Child's Residence Home phone

(Street Address, City, State, ZIP)

Father/Guardian Name Soc Sec Occupation

Father Home Address if different Home phone

(Street Address, City, State, ZIP)

Father Employer Business Phone

Father Address of Employment email

(Street Address, City, State, ZIP)

Mother/Guardian Name Soc Sec Occupation

Mother Home Address if different Home phone

(Street Address, City, State, ZIP)

Mother Employer Business Phone

Mother Address of Employment email

(Street Address, City, State, ZIP)

How were you referred to this school: _____ Health and physical condition of child _____

Does child physical limitations? Yes No. If yes, please explain _____

Child Physician, Name, address _____ Phone _____

(Street Address, City, State, ZIP)

When parents cannot be reached: 1) Name _____

(Street Address, City, State, ZIP)

Phone

When parents cannot be reached: 1) Name _____

(Street Address, City, State, ZIP)

Phone

Previous school(s) attended _____

Dates

Address

City/State

Zip

Director's Name

Name and Ages of brothers & sisters _____

BOTH PARENTS MUST SIGN:

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date