



finger painted hands

"my handprint starts here!"

Application School Year 2015-2016

Please complete this application in its entirety

Date of Application _____ Requested Start Date _____ Child's Gender M [] F []

Child's Name _____ Birthday ___ / ___ / ___ Age (Years & Months) ___ / ___

Mother/Guardian #1 Name _____

Address _____

City _____ State _____ Zip Code _____

Work Telephone _____ Ext _____ Home Telephone _____

Cell# _____ Email _____

Employer _____ Position _____

Father/Guardian #2 Name _____

Address _____

City _____ State _____ Zip Code _____

Work Telephone _____ Ext _____ Home Telephone _____

Cell# _____ Email _____

Employer _____ Position _____

How did you hear about us? _____

There is a one-time application/processing fee of \$25.00 (check or money order, no cash), made payable to Finger Painted Hands.

Program Request

Check the program(s) requested and circle your desired time slot:

- UPK
Mon-Fri
8:30-2:50
- 2/3's Mon/Wed/Fri
9:00-12:00 half day
9:00-3:00 full day
- 2/3's Mon/Wed
9:00-12:00 half day
9:00-3:00 full day
- After school program
- 2/3's Mon-Fri
9:00-12:00 half day
9:00-3:00 full day
8:30-6:00 extended day
- 3/4's Tues/Thurs
9:00-12:00 half day
9:00-3:00 full day
- 3/4's Mon-Fri
9:00-12:00 half day
9:00-3:00 full day
8:30-6:00 extended day

RSVP Your 8:30am Parent Only Information Session Now

Circle One Spaces are Limited and Approximately 30 Minutes

October 2 October 9 November 13 December 11 January 15 February 12 March 12 April 9

Signature of Parent/Guardian:

#1 _____ #2 _____

For Office Use Only Program Enrollment:

Applicant # _____ Date Received _____ Tour Date _____ Interview _____
Date Start _____