

WEST BROWARD ACADEMY VPK APPLICATION

Enrollment Date: _____ Password: _____
Name: _____ Preferred Name: _____
Address: _____ City: _____ Zip Code: _____
Date of Birth: _____ Age: _____ Sex: _____ Home Telephone: (____) _____

Program applying for:

VPK only: 8:30 am – 11:30 am _____, VPK Extended Day: 8:30 am – 3:30 pm _____

VPK Full Day Wrap Around: 6:30 am – 6:30 pm _____

FAMILY INFORMATION

Parent's Name _____ Parent's Name _____
Employer: _____ Employer: _____
Occupation: _____ Occupation: _____
Parent's Work (____) _____ Parent's Work (____) _____
Parent's Cell Phone (____) _____ Parent's Cell Phone (____) _____
Driver's license # _____ Driver's license# _____
Tag# _____ Tag# _____
Email Address: _____ Email Address: _____

Complete this section ONLY if it differs from the above information

Name: _____ Name: _____
Address: _____ Address: _____
Home: (____) _____ Cell: (____) _____ Home: (____) _____ Cell: (____) _____

Child lives with: () Both () Step-parent () other (specify) _____

Who has legal custody? _____

Person responsible for all payments: _____

Besides the parents, persons to reach in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Persons permitted to remove child *at any time*:

Name: _____ Relationship: _____ Phone: _____

Driver's License Number: _____

Name: _____ Relationship: _____ Phone: _____

Driver's License Number: _____

- Please notify us of any changes to pick up or phone number change or address change-immediately
- Special custody or pick up restriction must be accompanied by legal documents signed by a judge. There are no exceptions.

I have read and fully understand all the enclosed materials

Parent/Legal Guardian Signature: _____ Date: _____