

The Blake School

7011 West Sunrise Blvd., Plantation, FL 33313

ENROLLMENT APPLICATION

954 584-6816

Child's First Name: _____ Middle _____ Last _____

Date of Birth: _____ Age: _____ Gender: ___ Male ___ Female Grade or Level: _____

Race: White Hispanic/Latino Origin Am. Indian/Alaska Native Black/African American
 Asian Native Hawaiian/Pacific Islander Other

Main Contact No: _____ Home Phone No. _____

Student's Home Address: _____

Are Parents Divorced? **Yes or No** If Yes, then who has legal custody? Mother _____ or Father _____
(Please provide legal documents)

Were you referred? **Yes or No** If Yes, who referred you? _____

Mother's Name: _____ Mother's Occupation: _____

Place of Business: _____ Mother's Work No.: _____

Mother's Cell No.: _____ Mother's E-Mail Address: _____

Mother's Home Address (if different from above): _____

Father's Name: _____ Father's Occupation: _____

Place of Business: _____ Father's Work No.: _____

Father's Cell No.: _____ Father's E-Mail Address: _____

Father's Home Address (if different from above): _____

Guardian's Name: _____ Guardian's Occupation: _____

Place of Business: _____ Guardian's Phone No.: _____

Guardian's Home Address (if different from above): _____

Persons permitted to pick up child: _____

Emergency Contact Information (other than parents)

Name: _____ Relationship: _____ Phone No.: _____

Child's Physician: _____ Physician's Phone No.: _____

Medical Conditions: (Please list) _____

Food Allergies: (Please List) _____

PLEASE NOTE: Registration Fee (non-refundable) must accompany this form.

AFTERCARE: Please enroll my student for extended school hours of 7a.m.-6p.m. I agree to pay an additional \$100.00 per month for these additional hours. _____

(Signature)

*A late charge of \$25.00 will be applied to any unpaid balance after the 10th of the month.

** No credit will be given for absences.

*** Report Cards/Transcripts will not be issued until all accounts are paid in full.