

Enrollment Application

(Please Print)

Child's Name:	Date of Birth:	Expecting Date:
Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Sibling Enrolled? Yes <input type="checkbox"/> No <input type="checkbox"/>

Child's Home Address:	Street	City	State	Zip	
Parent's Home Address:	Street	City	State	Zip	
(if different)		Street	City	State	Zip
Home Phone:		Email:			

Scheduling

Please Note: Priority is given to those who are in need of full-time care.

Full-Time <input type="checkbox"/>	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>	
Part-Time <input type="checkbox"/>	<input type="checkbox"/> AM <input type="checkbox"/> PM	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/>

Hours of Operation
Monday – Friday
7:30am – 5:30pm

Preferred Start Date:
Referred By:

Mailing Address: 1808 Grove St. Hancock, MI 49930 **Phone:** (906) 523-7424 **Email:** rsk@rightstartup.org

Notes:
<ul style="list-style-type: none"> ○ Please make sure to contact RSKA in the case of an address or phone number change. ○ This application is valid only for the child listed above. Each child requires their own application in order to be considered for enrollment. ○ You have two business days to claim your space when RSKA informs you of a vacant spot

Comments:



Office Use Only	
Submitted On	
Reviewed By	
Payment Fee:	Check <input type="checkbox"/>
	Cash <input type="checkbox"/>
	Other <input type="checkbox"/>
Total \$	
Comments:	