



Enrollment Interest Form

The purpose of this form is to assist us in planning for the new term of Genesis Classical Academy in Winnebago in the fall of 2017. If you may have interest in enrolling, please provide the following information, and we will individually follow up with you.

Parent Contact Information

Names of Parents _____

Address _____

City/State/Zip _____

Phone Numbers _____

E-Mail _____

Best time to contact you? _____

How did you hear about us? _____

Kindergarten – 6th Grade: Fall 2017

<u>Grade</u>	<u>Name</u>	<u>After School Care Needed (Yes/No)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Special interests of your child/children: _____

PRE-SCHOOL interest

3-Year Old Name _____ DOB: _____

4/5-Year Old Name _____ DOB: _____

Extended care is provided up to 5:30 p.m.

Would you be interested in extended care after pre-school? (Yes/No) _____