



Avid Kids Circle

To Grow Minds and Nourish Spirits

Wait Pool Form

I would like to enroll my child, _____, birth date _____ in Avid Kids Circle. I understand that a non-refundable fee of \$100 per child is required. The fee does not guarantee a spot in the program.

I am interested in starting in the year _____ and month _____.

The days and hours I am interested in are:

Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____

Parent / Legal Guardian Data:

1. Last Name _____ First Name _____ Middle Name _____

Relationship (circle): Mom / Dad / Other (Please specify) _____

Address: _____

Phone: (____)-____-____ Email: _____

Occupation: _____ Employer: _____

2. Last Name _____ First Name _____ Middle Name _____

Relationship (circle): Mom / Dad / Other (Please specify) _____

Address: _____

Phone: (____)-____-____ Email: _____

Occupation: _____ Employer: _____

Parent/Legal Guardian Signature _____ Name _____ Date _____

Parent/Legal Guardian Signature _____ Name _____ Date _____