



Application Form

Sesame Kids
 Visitor



Child's Name: _____ / _____ / _____
Last First Middle

Date of Birth: _____ / _____ / _____ Age: _____
month day year

Residence Address: _____

Phone: _____ Email Address: _____

CLASS: Toddler Kindergarten Elementary

Please mark the schedule you would like to apply for your child/children.

Schedule: Whole day (8:45 a.m. - 2 p.m.) Half day (8:45 a.m. - 12:30 p.m.)
*Half day - Toddler ONLY

- | | |
|--|---|
| <input type="checkbox"/> Week 1: June 21 ~ June 25 | |
| <input type="checkbox"/> Week 2: June 28 ~ July 2 | |
| <input type="checkbox"/> Week 3: July 5 - July 9 | |
| <input type="checkbox"/> Week 4: July 12 - July 16 | |
| <input type="checkbox"/> Week 5: July 19 - July 23 | <input type="checkbox"/> Sleep Over July 22 |
| <input type="checkbox"/> Week 6: July 26 - July 30 | <input type="checkbox"/> Sleep Over July 29 |
| <input type="checkbox"/> Week 7: August 2 - August 6 | <input type="checkbox"/> Sleep Over August 5 |
| <input type="checkbox"/> Week 8: August 9 - August 13 | <input type="checkbox"/> Sleep Over August 12 |
| <input type="checkbox"/> Week 9: August 16 - August 20 | <input type="checkbox"/> Sleep Over August 19 |

One day: _____ Total _____ days

* Would you need to buy a uniform?
 ___Yes ___No Number of piece/s: _____

Parent's Name: _____ Contact Number: _____

Signature of Parent: _____ Date: _____