

## Great Kids Academy

### Indication of Interest / Waitlist Form



Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_

Nickname: \_\_\_\_\_

Name of Parent(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

Child's Age on September 1, 2009: \_\_\_\_\_

Child's Birthday: \_\_\_\_\_

(child must be born between June 1, 2005 and September 1, 2006 for the 2009/2010 year.)

I am interested in the following program  
(please select 1<sup>st</sup> and 2<sup>nd</sup> choice):

\_\_\_\_\_ 5 DAYS (9:30-12:00)

\_\_\_\_\_ MWF (9:30 – 12:00)

\_\_\_\_\_ Tu/Th (9:30 – 12:00) / Wed (1:00 -2:00)

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