

NORWALK PUBLIC SCHOOLS

AFTER THE BELL

A Before and After School Program

CHANGE OF ENROLLMENT FORM - Brookside

Internal Use Only

Date of New Enrollment: _____

New Days __M__ T__ W__ Th__ F__

AM __ PM __ Red __ Free__

New Monthly Fee: _____

Old Monthly Fee: _____

Amount Due (or) Credit for Next Month: _____

1) General Information:

Child's Last Name: _____
Child's First Name: _____
Grade: _____
Home Phone #: _____
Street Address: _____
Zip Code: _____
Child's Birth date: _____
Child's Age: _____
Child's Sex (M or F): _____

Child lives with (check one):

Both Parents _____
Mother _____
Father _____
Grandparent(s) _____

Other (please list): _____

Parent or Guardian Last Name: _____
Parent or Guardian First Name: _____
Address if different from child's: _____
Home Phone # _____
Cell Phone # _____
Work Phone # _____
Email Address: _____

2) Previous Enrollment:

- Morning
Afternoon
Both AM & PM
Every day; OR
Monday
Tuesday
Wednesday
Thursday
Friday

3 New Enrollment

- Morning
Afternoon
Both AM & PM
Every day; OR

- Monday
Tuesday
Wednesday
Thursday
Friday

10) I / We will be responsible for paying the monthly fees for the program.

Signed by Parent/Guardian: _____

Date: _____