

FOR OFFICE USE ONLY

Infant/Toddlers: _____Pre-School: _____

Date Received:

Re-Enrollment Fee Received:

Application for School Year: 2025-2026

			SEX		
	First	Middle	Last SEX		
BIRTH DATE	//		AGE AS OF SEPTEMBER 1, 2025	/	
Ν	Ionth Day	Year		Years	Months
PARENT/ GUARI	DIAN #1		PARENT/GUARDIAN #2		
NAME			NAME		
STREET			STREET		
CITY/ST/ZIP			CITY/ST/ZIP		
TELEPHONE(S) home #			TELEPHONE(S) home #		
Cell # or work #			Cell # or work #		
mail:	_@		E-mail:	@	
Hours available: 7:4 (All daily schedules	45 AM-5:00 PM. No s must be in full or hal	arrivals or departures	a child enrolling at ITC for 2024-2025 school s between 1:00 and 3:00 PM. Preschooler e. 8:00-4:30, 9:00-5:00, etc. (7:45 – 8:00 is ave a minimum of 20 hours per week.	s must arrive	
	minum of 30 nours p	CI WCCK. 1 1-1 511 II	ave a minimum of 20 nours per week.		
	i.e. 8-5M_		WTH F		
			WTHF		
Time Requested:	AR REQUESTED:		25, 2026)		
Time Requested:	AR REQUESTED:	T (Sep. 2, 2025 – June 2 Sep. 2, 2025 – Aug. 1 tion fee per family.	25, 2026)		to ITC)

Parent/Legal Guardian Signature(s):_____

Date: _____