



ENROLLMENT APPLICATION

Date Received: _____ Child's Start Date: _____ (2½ yrs. _____) Deposit Amount: _____
(For office use only)

Please complete this section in order of preference.

Campus Choice:

- | | | |
|--------------------------|--------------|--------------------|
| <input type="checkbox"/> | Full Day: | 7:00 AM - 5:45 PM |
| <input type="checkbox"/> | School Day: | 8:30 AM - 3:00 PM |
| <input type="checkbox"/> | Half Day AM: | 8:00 AM - 11:15 AM |

- Ahwatukee
 Chandler

Child's name: _____ Nickname: _____

Date of birth: _____ Gender: Male Female

Child living with: Both Parents Mother Father Other

Home Address: _____ City: _____ Zip: _____

Major cross streets _____

Father's Name: _____ Mother's Name: _____

Father's occupation: _____ Mother's occupation: _____

Company: _____ Company: _____

Phone #: _____ Phone #: _____

Email Address: _____ Email Address: _____

How did you hear about us? Family/Friends Online search Social media Other _____

What are your reasons for choosing AFM Education? _____

Child's health & general condition: _____

Any known birth injuries/physical handicaps? _____

Food and/or Other Allergies: _____

Vision: _____ Hearing: _____

Any health conditions in family having influence on child? _____

Siblings & their age: _____

Previous school attended: _____

Signature: _____

A \$75.00 non-refundable deposit must accompany this enrollment application.
Please, pay with personal check, cash, or using our QuickBooks link.