



## Junior High Interest List

Today's date: \_\_\_\_\_

Child's name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male or Female: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home telephone number: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Father's name: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

Current grade level: \_\_\_\_\_ School child is currently attending: \_\_\_\_\_

### \*\*\* Program Information \*\*\*

When are you wanting to start the program? \_\_\_\_\_

What grade would you like to start your child in? \_\_\_\_\_

Do you need care after school? \_\_\_\_\_ If yes, which days? \_\_\_\_\_

Do you need care before school? \_\_\_\_\_ If yes, which days? \_\_\_\_\_

Do you have another child on a Legacy Academy waiting list? \_\_\_\_\_ If yes, please specify birthdate and grade wanting to enroll: \_\_\_\_\_

Do you have another child on a Sunshine Child Care & Learning Center waiting list? \_\_\_\_\_ If yes, please specify which Sunshine program: \_\_\_\_\_

Do you have another child currently enrolled in a Legacy Academy or Sunshine Child Care & Learning Center program? \_\_\_\_\_ If yes, please specify which Legacy grade or which Sunshine program: \_\_\_\_\_

*OFFICE USE ONLY:*

Program Change

Sibling Priority

Comments: \_\_\_\_\_