

Hillcrest Kids

Schedule Request Form

Child's Name: _____ M / F
 Child's Birthday: _____
 Desired Starting Date: _____

Desired Schedule

Your Special Needs/Notes:

Monday:	_____	_____
	AM	PM
Tuesday:	_____	_____
	AM	PM
Wednesday:	_____	_____
	AM	PM
Thursday:	_____	_____
	AM	PM
Friday:	_____	_____
	AM	PM

Contact Information

Child Lives With: _____
 Parent's Name: _____
 Address: _____
 Home Phone: _____
 E-mail Address: _____
 Employer: _____
 Work Phone: _____
 Today's Date: _____

Office Use Only

Accepted _____ Start Date _____
 Waiting List _____
 Group Assignment _____
 Registration Paid _____
 Packet Received _____
 Private _____ State _____