



Re-enrollment Form

2026-2027

Child's Name: _____

Grade applying for: _____

Age: _____ Date of Birth: _____

#1 Parent's Name: _____

Phone Number: _____ Email: _____

#2 Parent's Name: _____

Phone Number: _____ Email: _____

Address: _____

Will the student be enrolled in our After School Program? (Please mark one)

Yes No

Will the student participate in any of our extracurricular activities? Yes No

If yes which one(s): Basketball Baby Ballet Tennis Hip-Hop Dance Team Flamenco

Volleyball Bellydance other _____

Will the student be enrolled in Tutoring? Yes No

Parent Signature

Date