Butterflies Academy
Where learning is fun

TRIAL APPLICATION

Educational Non-Profit 501(c)(3) Public Benefit Corporation Tax ID# 47-4666290

Drop-In Date:

Child's Full Name: Boy ☐ Girl ☐

Date of Birth: Child's Primary Language:

Mailing Address:

School Last Attended: Is your child fully potty trained? Yes ☐ No ☐

Does your child have any special needs? If yes, please explain.

Is your child allergic to anything? If yes, please explain.

Parents Information:

Father ☐ **Step Father** ☐ **Parent** ☐ **Legal Guardian** ☐

Name:

Email Address: Cell Number:

Occupation: Employed by:

Mother ☐ **Step Mother** ☐ **Parent** ☐ **Legal Guardian** ☐

Name:

Email Address: Cell Number:

Occupation: Employed by:

Child's Brief Introduction:

Parent/Legal Guardian Name Signature Date