



Fraser School® Application Form

Child's Full Name _____ Male _____ Female _____ DOB _____

Child's Address _____ City _____ State _____ Zip Code _____

Parent/Guardian(1) _____ Parent/Guardian(2) _____

(1)Address _____ (2)Address _____

City _____ Zip _____ City _____ Zip _____

Parent (1) Phone

Parent (2) Phone

Home _____

Home _____

Work _____

Work _____

Cell/Other _____

Cell/Other _____

Email _____

Email _____

I prefer email communication

I prefer email communication

How did you learn about Fraser School?

Google Facebook Newspaper Public Event Employer's Site _____

Word of Mouth _____ (list one person) Other _____

Requested Start Date _____ Requested Schedule: M-F M, W, F T, TH Hours Preferred: _____

Diagnosis/Notes: _____

Other Fraser services child has/is utilized/utilizing: _____

Other Fraser services a *sibling* has/is utilized/utilizing: _____

Other services outside of Fraser your child has/is utilized/utilizing: _____

Allergies or Medical Needs: _____

Does your child nap? Yes/ No Siblings at Fraser? Yes/No/On Wait List(name) _____

Other Information We Should Know About Your Child: _____

Please complete this form and return with the appropriate fees. Checks made to Fraser.

You may also apply and pay fees online at www.fraser.org

Office Use Only: \$50 Application Check Number _____ Notes _____ Date Rec'd _____
 \$50 Deposit Check Number _____ Notes _____ Date Rec'd _____