



"Expanding Today's Young Minds – One Child at a Time"

The Young Learner's Foundation Enrollment Application

PARENT/GUARDIAN INFORMATION

First Name _____ Last Name _____
Address _____ Zip Code _____
Daytime Phone _____ Email _____
Evening Phone _____ Best time to contact AM PM

STUDENT INFORMATION

First Name _____ Last Name _____

VOLUNTEER

I am interested in volunteering Yes No

What types of activities would you be interested in volunteering

- Fundraising Classroom Participation Event Materials or Monetary Contributions
 Chaperoning Holiday Party Planning

Would you prefer e-mail reminders for upcoming events/meetings? Yes No

Day(s) available to volunteer Mon Tues Wed Thurs Fri

Signature

Date