

Application for Enrollment

Today's date:	Desired start date:				
Child's Full Name:					
Birth Date:					
Home Address					
City	State		Zip C	ode	
Parent/Guardian 1:					
Full Name					
Relationship					
Home Address (if different)					
Home Phone	Cell				
Work Phone					
E-Mail Address					
Parent/Guardian 2:					
Full Name					
Relationship					
Home Address (if different)					
Home Phone	Cell				
Work Phone					
E-Mail Address					
Sibling Information (please list a	II siblings under	6 years o	ıld):		
Sibling Name		Ag	e		
Sibling Name	 	Ag	e		
Sibling Name		Δο	10		

Please indicate the program for which you are applying: Toddler (18 months to 36 months) Program □ 8:30 AM to 12:30 PM (5 Days) □ 8:30 AM to 12:30 PM (3 Days) □ 8:30 AM to 3:00 PM (5 Days) □ 8:30 AM to 3:00 PM (3 Days) Primary (2.5 years to 6 years) Program ☐ 8:30 AM to 12:30 PM (5 Days) ☐ 8:30 AM to 12:30 PM (3 Days) □ 8:30 AM to 3:00 PM (5 Days) ☐ 8:30 AM to 3:00 PM (3 Days) Extended Care (for either Toddler or Primary) ☐ AM Care (7:00 – 8:30 AM) ☐ PM Care (3:00 – 6:00 PM) ☐ Both AM and PM care Required Fees: New Student Registration and Material Fees (non-refundable) initial ____ Toddler and Preschool \$250.00 Kindergarten \$350.00 Waiting List Fee: \$50.00 (Refundable for 30 days only) initial (Shall be applied to registration fee upon enrollment) Tuition Deposit (one month tuition) (non-refundable) initial _____ (Shall be applied to the **last month tuition**) The required fees are due on or before your child's initial enrollment. Monthly tuition is due the 24th of the month prior to the month of education. Payments are late if not received by the 29th of the month prior to the month of education and a late fee of \$35 will be assessed. FOR OFFICE USE ONLY Form of Payment: _____ Amount Rec'd: _____ Date Rec'd: _____ Rec'd by: _____ Form of Payment:_____ Amount Rec'd:_____ Date Rec'd:_____ Rec'd by:_____ Confirmed Start Date: Classroom: ☐ Collect Deposit and provide Deposit Receipt ☐ Procare account and record deposit