



Enrollment Application

Name of Child _____ Age _____ D.O.B _____

Name of Parents _____

Home Address _____

Home Phone _____ Work/Cell Phone _____

Email Address _____

Schedule (All age groups): _____ 5 Days _____ 4 Days _____ 3 Days Days Scheduled M T W TH F

Scheduled Hours per day: _____ *Not to exceed 10 hrs. per day*

Beginning Date: _____

Registration Fee: _____ \$200.00 per child registration fee is non-refundable (\$350.00 family fee when family enrolls together)

Parent Signature _____ Today's Date _____

Program of interest: (Please check one)

____ Infant

____ Older Toddler

____ Pre-K

____ Mobile Infant

____ Young Preschool

____ Kindergarten

____ Young Toddler

____ Older Preschool

____ Latchkey

Latchkey/Kindergarten:

Before School _____ After School _____ (Name of School : _____)