



Enrollment Form 2018-2019

Child's Name: _____ DOB: _____

Please check: Boy Girl

Parent Name: _____ Phone # _____

Parent Name: _____ Phone # _____

Please mark the program you are selecting for Fall 2018
 Placement is based on your child's age on or before September 1st
 This form is to be returned to the front desk with the **non-refundable** annual
 Registration/Supply Fee of \$250 per child.

Academic Program 9:00am-2:00pm

Full Day Program 7:00 am – 6:00pm

Age Group	Programs Available	Monthly Tuition
Infant care for full day hours only		
Preschool A for full day hours only		
Preschool B (Two by 9/1)	<input type="checkbox"/> T/TH	\$275
	<input type="checkbox"/> M/W/F	\$375
	<input type="checkbox"/> M-F	\$500
Preschool C (Three by 9/1) <i>Must be potty trained</i>	<input type="checkbox"/> M/W/F	\$370
	<input type="checkbox"/> M-F	\$495
Preschool D (Four by 9/1)	<input type="checkbox"/> M/W/F	\$365
	<input type="checkbox"/> M-F	\$485

Age Group	Programs Available	Monthly Tuition
Preschool A-1/2 (Infants)	<input type="checkbox"/> T/TH	\$450
	<input type="checkbox"/> M/W/F	\$690
	<input type="checkbox"/> M-F	\$1145
Preschool A-3/4 (One by 9/1)	<input type="checkbox"/> T/TH	\$440
	<input type="checkbox"/> M/W/F	\$655
	<input type="checkbox"/> M-F	\$1090
Preschool B (Two by 9/1)	<input type="checkbox"/> T/TH	\$420
	<input type="checkbox"/> M/W/F	\$610
	<input type="checkbox"/> M-F	\$875
Preschool C (Three by 9/1) <i>Must be potty trained</i>	<input type="checkbox"/> M/W/F	\$600
	<input type="checkbox"/> M-F	\$870
Preschool D (Four by 9/1)	<input type="checkbox"/> M/W/F	\$580
	<input type="checkbox"/> M-F	\$860

*Registration for summer care begins in the spring. The registration fee for summer is \$50.

Enrollment will be processed upon receipt of the registration fee, review of classroom behavior and confirmation of timely tuition payments. Notification will be sent upon completion of this process.

Parent Signature: _____ Date: _____

Office Use Only

Date Received: _____

Registration Fee paid by:

Cash _____ Check No. _____

Start Date: _____