



Enrollment Form 2025-2026

Child's Name: _____ DOB: _____ Gender: _____

Child's Address: _____

City: _____ State: _____ Zip Code: _____

Child lives with: _____

Please mark the program you are selecting for Fall 2025. Placement is based on your child's age on or before September 1st, 2025.

The **non-refundable** annual Registration/Supply Fee of \$350 per child will be drafted from your account on file upon submission of this form.

Half Day Program
(9:00am-2:00pm)

Full Day Program
(7:00am-6:00pm)

Preschool A1 & A2 A1a & A1b - Infants A2 - Infants/Young Ones	<i>Preschool A for Full Time Hours Only</i>		<input type="checkbox"/> T/Th \$675
			<input type="checkbox"/> M/W/F \$970
			<input type="checkbox"/> M-F \$1550
Preschool A3 Older Ones	<i>Preschool A for Full Time Hours Only</i>		<input type="checkbox"/> T/Th \$665
			<input type="checkbox"/> M/W/F \$930
			<input type="checkbox"/> M-F \$1480
Preschool B (Two by 9/1)	<input type="checkbox"/> M/W/F	\$625	<input type="checkbox"/> M/W/F \$880
			<input type="checkbox"/> M-F \$1350
Preschool C (Three by 9/1)	<input type="checkbox"/> M/W/F	\$575	<input type="checkbox"/> M/W/F \$865
			<input type="checkbox"/> M-F \$1210
Preschool D (Four by 9/1)	<input type="checkbox"/> M/W/F	\$565	<input type="checkbox"/> M/W/F \$830
	<input type="checkbox"/> M-F	\$800	<input type="checkbox"/> M-F \$1195

Parent's Name: _____ Email: _____

Relation to Child: _____ Cell Phone Number: _____ Cell Phone Carrier: _____

Work Phone Number: _____ Occupation: _____

Parent's Name: _____ Email: _____

Relation to Child: _____ Cell Phone Number: _____ Cell Phone Carrier: _____

Work Phone Number: _____ Occupation: _____

Emergency Contact (Friend or Relative - may not be parent)

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Authorization to Pick Up *Contact the front desk to add/edit this list

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

_____ I give consent for my child to participate in the following water activities:

(initial here)

Sprinkler Play

Water Table Play

_____ I give consent for my child to be transported and supervised by the operation's employees:

(initial here)

For Emergency Care

Parent Signature _____ Date _____

First time Enrollees: Who can we thank for your enrollment? _____ Revised 1/14/25