



# Enrollment Form 2026-2027

Monday, August 10, 2026 - Friday, July 30, 2027

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Child lives with: \_\_\_\_\_

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

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

Please mark the program you are selecting for Fall 2026. Placement is based on your child's age on or before September 1<sup>st</sup>, 2026.

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

Preschool A1 & A2 A1 & A2 - Infants	Preschool A for Full Time Hours Only	<input type="checkbox"/> T/Th \$725 <input type="checkbox"/> M/W/F \$1020 <input type="checkbox"/> M-F \$1600
Preschool A3 & A4 A3 Young Ones A4 Older Ones	Preschool A for Full Time Hours Only	<input type="checkbox"/> T/Th \$715 <input type="checkbox"/> M/W/F \$980 <input type="checkbox"/> M-F \$1530
Preschool B (Two by 9/1)	<input type="checkbox"/> M/W/F \$675	<input type="checkbox"/> M/W/F \$930 <input type="checkbox"/> M-F \$1400
Preschool C (Three by 9/1)	<input type="checkbox"/> M/W/F \$625	<input type="checkbox"/> M/W/F \$915 <input type="checkbox"/> M-F \$1260
Preschool D (Four by 9/1)	<input type="checkbox"/> M/W/F \$615 <input type="checkbox"/> M-F \$850	<input type="checkbox"/> M/W/F \$880 <input type="checkbox"/> M-F \$1245

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 10/30/25