



# 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: \_\_\_\_\_

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.

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

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

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

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Relation to Child: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

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? \_\_\_\_\_