



ENROLLMENT OPTIONS

Child's Name _____ D.O.B. _____
 Parent Name(s) _____
 Phone (home) _____ cell (M) _____ / (D) _____
 Address _____ City _____ Zip _____
 Email (Primary Payee/Notifications) _____

How did you hear about us? _____ website _____ drive-by _____ internet _____ Our Kids _____ Facebook _____ referral (Name _____) _____ other _____

*****re-enrollment _____ returning family _____ new family *****

OFFICE ONLY: _____ cash _____ ACH _____ ck# _____ amount paid

ENROLLMENT CHOICE (Circle One)

Program: Early Learner's (2-3 yrs.) _____ Preschool (3-4 yrs.) _____ Transitional Kinder (5 yrs. old by Dec. 31st.) _____
 Toilet trained: Yes/No working on it? _____

FULL DAY PROGRAM
7:00-3:30 (3:30-5:30 ext. care)

_____ FULL TIME (M-F)
 _____ MONDAY, WEDNESDAY, FRIDAY
 _____ TUESDAY/THURSDAY

HALF DAY PROGRAM
8:00am - 12:30 pm

_____ MONDAY - FRIDAY
 _____ MONDAY, WEDNESDAY, FRIDAY
 _____ TUESDAY/THURSDAY (Early Learners Only)

EXTENDED CARE
 5 4 3 2 1

NON-REFUNDABLE Registration Fee due upon enrollment