



QUICK ENROLLMENT FORM

Date: _____ Child's D.O.B. _____
 Child's Current Age: _____ Child's Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Parent(s) Name: _____
 Home Phone: _____ Work Phone: _____ Ext.: _____
 Cell: _____ Cell Phone Provider for Texting: _____
 E-Mail: _____
 Classroom Assignment: _____ **Start Date:** _____

Parent Signature: _____ **Date:** _____

I understand and agree that the Registration Fee is non-refundable and if I register my child under a promotional rate, I must pay a non-refundable prepaid week tuition in place of a non-refundable registration.

Program Enrolling (check one)

<input type="checkbox"/> Infants (6wks-12months) (FT programs only) <input type="checkbox"/> Toddler (12-24 months) (FT programs only) <input type="checkbox"/> Two's (24 months - 3 years old) <input type="checkbox"/> Preschool (3-4 years old) <input type="checkbox"/> VPK- FREE (8:30-11:30) <input type="checkbox"/> VPK- Part-Time (Extra 3 1/2 hrs) <input type="checkbox"/> VPK Full- Time "Wrap Around" (Anytime between 7-5:30pm) <input type="checkbox"/> After Care (Kindergarten-10 years old) Grade _____ Elementary School <input type="checkbox"/> Summer Camp _____ Holiday/Day Drop Off

Schedule Desired: Some locations may offer part time programs when positions are available.

_____ Monday-Friday Full Time (7am – 5:30pm)
_____ 3 Full Days (Mon, Wed, Fri) (7am – 5:30pm) (Only if available)
_____ 5 Half Days (8am – 12pm) (Only if available)
_____ VPK - Program

Date Registration Paid: _____ Receipt # _____ Weekly Tuition Rat: \$ _____

Copy of Driver's License

*****REGISTRATION/PROMOTIONAL FEE IS NON-REFUNDABLE*****