

APPLICATION FOR ENROLLMENT

Child's Name: _____ D.O.B. _____

Parent's/Guardian's Names: _____

Home Address: _____

Home Phone Number: _(_____) _____

Work Phone Number: (Mother) _(_____) _____

(Father) _(_____) _____

Cell Phone Number: (Mother) _(_____) _____

(Father) _(_____) _____

Email Address: _____

Date of Application: _____

Please check/circle desired program and/or days:

Program	Morning 9:00-12:00	Full Day 9:00-2:30	Extended Day 7:30-6:00
Pre-school I*:			
<input type="checkbox"/> 5 days per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> 4 days per week	M, T, W, Th, F	M, T, W, Th, F	M, T, W, Th, F
<input type="checkbox"/> 3 days per week	M, T, W, Th, F	M, T, W, Th, F	M, T, W, Th, F
Pre-school II & Kindergarten:			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elementary:			
	N/A	<input type="checkbox"/> 8:45-2:30	<input type="checkbox"/>

*An additional 10% of tuition will be added for non-potty trained children.

Application/Registration fee: \$200 for all new students (one-time fee, non-refundable.)

Parent/Guardian signature: _____

School Director signature: _____