



I would like to enroll the following child:

Child's Name: _____
Last First Middle

Address: _____
Street Apt City State Zip

Age: _____ Birthday: _____ Entry Date: _____

Type of Program (please check one): Full Time 3-Day AM session PM session

Type of Daycare (please check one): Continuous Occasional

Time of arrival: _____ Time of departure: _____

Based on the above schedule, my child's tuition will be: _____

~~~A NON-REFUNDABLE ONE TIME REGISTRATION FEE OF \$150.00 IS DUE UPON ENROLLMENT~~~  
A SIGNED CONTRACT WILL BE MADE PART OF THIS APPLICATION FORM

Father's (Guardian's) Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ SSN: \_\_\_\_\_

Mother's (Guardian's) Name: \_\_\_\_\_ Home phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Work phone: \_\_\_\_\_

Email: \_\_\_\_\_ SSN: \_\_\_\_\_

Person responsible for tuition: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any special situations we should be aware of? \_\_\_\_\_

Please note any allergies that your child may have: \_\_\_\_\_

~~~A CARE PLAN MUST BE PROVIDED IF MEDICATION IS TO BE ADMINISTERED BY THE SCHOOL~~~

The following must be received by the school before your child's first day of school:

Health history Immunization record Emergency card Registration fee

Date: _____ Signature of Applicant: _____

To be filled out by administrator/ director:

Placement: _____ Date enrolled: _____ Date withdrawn: _____