



First Day of Enrollment _____ Today's Date _____

Child's Name _____ Birthdate _____ Boy _____ Girl _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Parent 1 Name _____ Parent 1 Phone _____

Parent 2 Name _____ Parent 2 Phone _____

_____ I understand that I will be responsible for the full monthly tuition regardless of desired start date.

_____ I would like to participate in the meal service. I understand that this service is an additional cost.

****Please submit your non-refundable \$175 Registration Fee with this Application****

****Non-refundable Annual Application Fee of \$175 due every June****

Please check your desired schedule:

Infants: 6 weeks-18 months

Full Day _____ Extended _____ Half Day _____ Days/Week _____

Toddlers: 19-35 months

Full Day _____ Extended _____ Half Day _____ Days/Week _____

Pre-K

Full Day _____ Extended _____ Half Day _____ Days/Week _____