

NEW STUDENT FORM

Enrollment Information:

Child's Name _____ DOB _____

Program type: Infant _____ Toddler _____ Preschool _____ Pre-K _____

Parent Enrolling Child: _____ (The enrolling parent is solely responsible for tuition. Payments cannot be split between parents. Only the enrolling parent can receive tuition statements.)

Phone Number _____

Address _____

Teacher _____ Classroom _____ Start Date _____

Tuition: Our Registration fee is \$150 per child and is non-refundable and holds the spot until your child's start date. One week's tuition is due at time of registration and is also non refundable. The week's payment will be cashed in during your child's first week of school and is not kept as a deposit when you leave the program. There is no contract but two weeks notice is needed if leaving the program. If you are a monthly payer, we will deduct the first week and you will owe less on your first month's payment.

Weekly _____ Tuition due one week in advance on fridays . (late fee \$15)

Monthly _____ Due between the 1st-5th of the month. (late fee \$25)

Please Select One:

Full Year (12 Months) _____ No summer (Not Attending in July and August _____ Schedule Change for summer _____ (list below)

Schedule: Fill in times 730am-6pm (late fee between 530-6pm)

| DAYS | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|------|--------|---------|-----------|----------|--------|
| | | | | | |

Detailed Restrictions

YES NO

____ Divorce procedures or restrictions _____

____ Guardianship Information (adoption preceding from agency, family member, grandparents)

____ Do Both Parents Agree to Enroll the Child? Single parent _____

____ Nutrition Restrictions: No Apple juice _____ No meat _____ No dairy _____

____ Allergies: Peanut _____ Dairy _____ Bees _____ Other _____

____ Birthmark(indicate location) _____

____ Medical conditions: Seizures _____ Other _____

____ Emergency Medication Epi _____ Nebulizer _____ Tylenol(only for Febrile Seizures) _____

____ Receiving Therapy Speech _____ Physical _____ Early intervention _____ Behavioral _____

PAYMENT TYPE:

Credit Card (4%Fee) _____ Cash _____ Check _____

Tuition Express _____ (No Fee) ACH auto payments from your checking account. Monthly or weekly.

Identification #: _____ (4 Digit number to enter the building)Parent

Signataure: _____ Date: _____