

## 2016-2017 Enrollment Agreement Form

Child's Name:		Child Goes By:   N/A
Date of Birth:	Parents' Nan	nes:
Address:	City:	State: Zip:
Home Phone:	Cell Phone:	Work Phone:
Email Address:		
	Please select desired p	rogram and schedule
Full Day Preschool (7:00 AM	[ - 6:00 PM)	
Monday-Friday	Two Year Olds	
	Three Year Olds	
	Four Year Olds	
Half Day Preschool		
Two Year Olds	Monday-Friday	8:00 AM—12:30 PM
	Tuesday/Thursday	8:00 AM—12:30 PM
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Three Year Olds	Monday-Friday	8:00 AM—12:30 PM
	Mon/Wed/Fri	8:00 AM—12:30 PM
Four Year Olds	Monday-Friday	8:00 AM—12:30 PM
Kindergarten	Instruction Only (8:00 Instruction w/extended	AM—2:30 PM) d care (7:00 AM—6:00 PM)
School Age Program	Chittum	WB Primary
After School Care 1st Grade—6th Grade (Age 12)	Monday-Friday	2:45 PM—6:00 PM
Tuition Agreement Form, a curr	rent Immunization Record,	ademy the Registration Form, the Parental Permission completed Physical Form, and proof of birth must be ty Fees are also due at the time of registration.
Guardian Signature		 Date
Registration Fees: 2016-2017 School Yea 2nd Child Each child thereafter	r Registration (1st Child)	\$110.00 \$50.00 FREE
Activity Fees: Includes classroom curriculum materia. 2's—\$ 40.00 3's—	ls and guest speakers -\$ 50.00 4's—\$ 75.00	Kindergarten—\$ 100.00 School Age—N/A

Registration and activity fees are due annually at the time of registration and are non-refundable. During the year there may be additional curriculum related activity fees.