



FOR OFFICE USE ONLY

Infant/Toddlers

Pre-School

Rec'd. _____ W.L. _____
 Acpt. _____ W.D. _____
 Group _____ Deposit _____
 Visit _____

For School Year: **2014-2015**

Date: _____

CHILD'S NAME _____ **SEX** _____

First Middle Last
BIRTH DATE _____ **AGE AS OF SEPTEMBER '14** _____
 Month Day Year Years Months

PARENT/ GUARDIAN #1

PARENT/GUARDIAN #2

NAME _____

NAME _____

STREET _____

STREET _____

CITY/ST/ZIP _____

CITY/ST/ZIP _____

TELEPHONE(S) home # _____

TELEPHONE(S) home # _____

Cell # or work # _____

Cell # or work # _____

E-mail: _____ @ _____

E-mail: _____ @ _____

STARTING DATE _____

Hours available: 7:45 AM-6:00 PM. No arrivals or departures between 1:00 and 3:00 PM. (All daily schedules must be in full hour increments, i.e. 8:30-4:30, 9:00-5:00, etc. 7:45 – 8:00 is the only ¼ hour increment)

Time Requested: i.e. 8-6M _____ T _____ W _____ TH _____ F _____

Minimum schedule: 8 hours per week in at least 3 hour increments. Do you have any flexibility? ☐ Yes ☐ No

LENGTH OF YEAR REQUESTED:

- ☐ School year (Sept.-Jun)
☐ School year plus any 3 weeks in the summer
☐ Full Year (Sept.-August)

- A non-refundable initial fee of **\$35.00** per family is attached OR
- A non-refundable re-enrollment fee of \$25.00 per family per year is attached.

For all children entering the Center (excluding those on Modified Drop In), there is a one-time enrollment deposit of **\$300.00** made at the time of an offer of space. \$200 is applied to the child's first tuition payment and \$100 is refunded at the end of his/her enrollment. This deposit is non-refundable. **Do not mail this deposit until you have been notified of placement for your child.**

Parents' Signature(s) _____