



****NEW STUDENT 2018-2019****

Name of Child _____ Sex _____

Address _____ Phone _____

Parents'/Guardians' Names _____

Name Child Goes By _____ Date of Birth _____

How did you hear about our program? _____

Please check off the program(s) you wish to register your child for:

____ 3 Day program M-W-F 9:00 a.m. - 12:00 p.m.* (4 year olds only) \$210.00/ mo.

____ 2 Day program T-TH 9:00 a.m. - 11:30 a.m.* (3 year olds only) \$155.00/ mo.
*(1st week of school 2 hour classes) *

____ Registration fee- \$60.00(one-time fee)

****One month tuition plus the registration fee is due with this form****

Parent(s)/Guardian(s) Signature _____

(To be completed by Staff)

Date of enrollment: _____ Fee paid: _____

Date of withdrawal: _____