

Preferred St	arting Date://	Classroom:	
Full Time:	Part Time:	M T W TH	F (circle preferred days)
Child's Name: _		_ Date of Birth or Due Date	:/
Parent 1 Name:		Work/Cell Phone: ()
Parent 2 Name:		Work/Cell Phone: ()
Child liv	es with: Both Parents	Mother	Father
Address:		City:	Zip:
Home Phone: () _	En	nail Address:	
How did hear ab	out our school?		
deposit are non-refundable foused towards tuition and scho	the placed at the end of the waiting list ees and will not be refunded under any ool must receive a one month calendar v	v circumstances regardless of school written notice in order to apply the	fault. Tuition deposits can only be deposit towards the tuition account
	cure:		
	(Office	Use Only)	
Spot Opening:	// Called On:	// Left Messag	ge On:/
Family is taking s	pot Family is not takin	ng spot Place back	on waiting list:
Registrat	ion Fee: \$ Date Pa	id:/ Ck	#
	Sibling: (no fee due)	Sibling is enrolled:	_
Tuition I	Deposit \$ Date Paid	d:/ Ck#	<u> </u>
Supply	Fee \$ Date Paid	d· / / Ck#	



