



Pre-Registration Form

Mother's Name: _____ Father's Name: _____

Child's Address: _____ Zip _____

Mother's Phone: _____ Father's Phone: _____

Mother's Email: _____ Father's Email: _____

Child Name: _____ Date of Birth: _____

Gender: (circle) Male or Female

My child will attend:

Start Date: _____

_____ M-F Hours: _____ Full Day (8:30-3:00) _____ Extended Day (7:00-6:30) _____

Classroom _____

_____ Infant _____ Toddler _____ Primary _____ Afterschool

Payment information

\$ 125 enclosed is my Registration fee (non-refundable) (annual fee)

\$ _____ enclosed is my Deposit fee (please note the deposit fee will not be refunded)

\$ 180 enclosed is my Supply fee (non refundable) for dates: From _____ to _____

\$ _____ is the monthly tuition for dates: From _____ to _____

_____ Registration Packet Given (Yes/ No)

_____ Payment Method Submitted (circle): Electronic Funds Transfer or Credit Card Form

Authorized Persons Name: _____

Authorized Signature: _____