



# PRE-ENROLLMENT APPLICATION

Today's Date: \_\_\_\_\_ Desired Start Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

First Middle Last

Birth Date: \_\_\_\_\_ or Due Date: \_\_\_\_\_ Gender: \_\_\_M \_\_\_F

Address: \_\_\_\_\_

Street City Zip

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address (if different than Mom's): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

How did you hear about our school? \_\_\_\_\_

Please indicate the program(s) you are enrolling your child in:

**Infants 6 weeks - 24 months:**

Half Day (8:30-12:30) \_\_\_ Extended Day (6:30-6:00) \_\_\_ Desired Days of the Week M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_\_

**Pre-Primary 2-3:**

Half Day (8:30-12:30) \_\_\_ Academic Day (8:30-3:00) \_\_\_ Extended Day (6:30-6:00)

Desired Days of the Week: M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_\_

**Primary 3-6:**

Half Day (8:30-12:30) \_\_\_ Academic Day (8:30-3:00) \_\_\_ Extended Day (6:30-6:00)

Desired Days of the Week: M\_\_\_ T\_\_\_ W\_\_\_ TH\_\_\_ F\_\_\_

**Lunch Program:**

5 Day \$80pm \_\_\_\_\_ 3 Day \$48pm \_\_\_\_\_ 2 Day \$32pm \_\_\_\_\_

Fees payable upon registration (non-refundable):

**Initial Registration fee:** \$150 individual...\$200 family

**Deposit:** \$250 individual...\$400 Family (will be applied against first month's tuition)

**Material Yearly Fee:** \$100 (prorated over 10-month academic year)

**Emergency Kit:** \$20

*To be completed by Office Staff only:*

Start Date: \_\_\_\_\_ Room Assignment: \_\_\_\_\_

Payment Type: \_\_\_\_\_ Schedule: \_\_\_\_\_

Enrollment Packet/Handbook: \_\_\_\_\_

Transition Class: \_\_\_\_\_ Transition Date: \_\_\_\_\_