



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 (6:30-6:30) ___ 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 (6:30-6:30) ___

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 (6:30-6:30) ___

Desired Days of the Week: M___ T___ W___ TH___ F___

Lunch Program:

5 Day \$75pm _____ 3 Day \$45pm _____ 2 Day \$30pm _____

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: _____