



Enrollment Form

Student Information

Child's Full name _____
 Date of Birth _____ Current Age _____
 Name of School _____

Parents Information

Mother's / Legal Guardian's name _____
 Home Phone (_____) _____ Cell Phone (_____) _____
 Father's / Legal Guardian's name _____
 Home Phone (_____) _____ Cell Phone (_____) _____
 Street Address _____
 City _____ State _____ Zip code _____
 E-mail Address _____

My son / daughter will attend

- First Session: September 1st to December 31st
- Second Session: January 1st to June 15th
- Five days (Monday – Friday) - \$650 per month
- Three days per week (Mon. Tue. Wed. Thu. Fri.) - \$450 per month
- Two days per week: (Mon. Tue. Wed. Thu. Fri.) - \$290 per month

for drop in

- From 3pm to 6:30pm - \$40 per day
- Half day: 12pm to 6:30pm - \$50 per day
- School closed: 8am to 6:30pm - \$60 per day

Payments / Cancellation Policy

- ✓ Payments must be received on the **first day of every month.**
- ✓ **Deposit 50%** of your schedule must be paid at the time of a signing this contract – it will cover last half month's attendance.
- ✓ There are **no refunds** due to a weather emergencies closing or child sickness.
- ✓ For two kids enrolled from one family **10% monthly discount** for second child
- ✓ There are **no registration fees.**
- ✓ We are closed on: Labor Day, 2 days of Thanksgiving (Thursday & Friday), Christmas Day, December 31, January 1, the Friday before Memorial Day, Memorial Day and July 4.

I agree to the terms of enrollment.

Parent's signature _____ Date _____