



**STUDENT INFORMATION**

**2019 – 2020 ENROLLMENT FORM  
HALF-DAY, 3-HOUR PROGRAM**

Last First Middle Sex Birth Date

Home Address City State Zip Email

**MOTHER'S INFORMATION**

Name Occupation Employer

Home Phone Cell Phone Work Phone

**FATHER'S INFORMATION**

Name Occupation Employer

Home Phone Cell Phone Work Phone

Please check your program preference

<b>NEW STUDENT</b>					
<b>Preschool Half Day Program</b> 9 – 12 pm (3 hours) Must be 3 years old by Sept. 1 <sup>st</sup> and potty trained.	Days of the week	Monthly Tuition	2-Week Deposit	Non-Refundable Regist. Fee	Regist. Fee + Deposit due at time of enrollment
	Tues/Thurs	197.00	98.50	125.00	223.50
	Mon/Wed/Fri	275.00	137.50	125.00	262.50
	Mon-Fri	472.00	236.00	125.00	361.00

<b>NEW SIBLING STUDENT (10% DISCOUNT)</b>					
<b>Preschool Half Day Program</b> 9 – 12 pm (3 hours) Must be 3 years old by Sept. 1 <sup>st</sup> and potty trained.	Days of the week	Monthly Tuition	2-Week Deposit	Non-Refundable Regist. Fee	Regist. Fee + Deposit due at time of enrollment
	Tues/Thurs	177.30	88.65	125.00	213.65
	Mon/Wed/Fri	247.50	123.75	125.00	248.75
	Mon-Fri	424.80	212.40	125.00	337.40

<b>RETURNING STUDENT</b>					
<b>Preschool Half Day Program</b> 9 – 12 pm (3 hours) Must be 3 years old by Sept. 1 <sup>st</sup> and potty trained.	Days of the week	Monthly Tuition	2-Week Deposit	Non-Refundable Regist. Fee	Regist. Fee + Deposit due at time of enrollment
	Tues/Thurs	197.00	98.50	110.00	208.50
	Mon/Wed/Fri	275.00	137.50	110.00	247.50
	Mon-Fri	472.00	236.00	110.00	346.00

<b>RETURNING SIBLING STUDENT (10% DISCOUNT)</b>					
<b>Preschool Half Day Program</b> 9 – 12 pm (3 hours) Must be 3 years old by Sept. 1 <sup>st</sup> and potty trained.	Days of the week	Monthly Tuition	2-Week Deposit	Non-Refundable Regist. Fee	Regist. Fee + Deposit due at time of enrollment
	Tues/Thurs	177.30	88.65	110.00	198.65
	Mon/Wed/Fri	247.50	123.75	110.00	233.75
	Mon-Fri	424.80	212.40	110.00	322.40

**PARENT NOTES OR COMMENTS**

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**FOR OFFICE USE**

Registration & Deposit Paid \_\_\_\_\_

Check or Receipt # \_\_\_\_\_

Paid by \_\_\_\_\_

Date \_\_\_\_\_

Balance \_\_\_\_\_

Office Initial \_\_\_\_\_