



# 2022 – 2023 ENROLLMENT FORM HALF-DAY, 4-HOUR PROGRAM

## STUDENT INFORMATION

Last First Middle Sex Birth Date

Home Address City State Zip

## MOTHER'S INFORMATION

Name Email Address

Cell Phone Work Phone

## FATHER'S INFORMATION

Name Email Address

Cell Phone Work Phone

Please check your program preference

<b>NEW STUDENT</b>					
<b>Preschool Half Day Program</b> 9 – 1 pm (4 hours) Must be at least 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
	Mon/Wed/Fri	413.00	206.50	125.00	331.50
	Tues/Thurs	296.00	148.00	125.00	273.00
	Mon-Fri	709.00	354.50	125.00	479.50

<b>NEW SIBLING STUDENT (10% DISCOUNT)</b>					
<b>Preschool Half Day Program</b> 9 – 1 pm (4 hours) Must be at least 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
	Mon/Wed/Fri	371.70	185.85	125.00	310.85
	Tues/Thurs	266.40	133.20	125.00	258.20
	Mon-Fri	638.10	319.05	125.00	444.05

<b>RETURNING STUDENT</b>					
<b>Preschool Half Day Program</b> 9 – 1 pm (4 hours) Must be at least 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
	Mon/Wed/Fri	413.00	206.50	110.00	316.50
	Tues/Thurs	296.00	148.00	110.00	258.00
	Mon-Fri	709.00	354.50	110.00	464.50

<b>RETURNING SIBLING STUDENT (10% DISCOUNT)</b>					
<b>Preschool Half Day Program</b> 9 – 1 pm (4 hours) Must be at least 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
	Mon/Wed/Fri	371.70	185.85	110.00	295.85
	Tues/Thurs	266.40	133.20	110.00	243.20
	Mon-Fri	638.10	319.05	110.00	429.05

**PARENT NOTES OR COMMENTS**

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**FOR OFFICE USE**

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

Check # or Credit Card \_\_\_\_\_

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

Date \_\_\_\_\_

Balance \_\_\_\_\_

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