

2023-2024 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					

Please check your program preference

NEW STUDENT			
	NIE/A/	CTLIDENT	

Cell Phone

Preschool Half Day Program	D	ays of the week	Monthly Tuition	2-Week Deposit	Non- Refundable Regist. Fee	Regist. Fee + Deposit due at time of enrollment
9 – 1 pm (4 hours)		Mon/Wed/Fri	434.00	217.00	130.00	347.00
Must be at least 3 years old by		Tues/Thurs	311.00	155.50	130.00	285.50
Sept. 1 st and potty trained.		Mon-Fri	745.00	372.50	130.00	502.50

Work Phone

NEW SIBLING STODENT (10% DISCOUNT)							
Preschool Half Day Program	Days of the week	Monthly Tuition	2-Week Deposit	Non- Refundable Regist. Fee	Regist. Fee + Deposit due at time of enrollment		
9 – 1 pm (4 hours)	Mon/Wed/Fri	390.60	195.30	130.00	325.30		

0 1 am (4 havres)	Days of the week	luition	Deposit	Regist. Fee	of enrollment
9 – 1 pm (4 hours)	Mon/Wed/Fri	390.60	195.30	130.00	325.30
Must be at least 3 years old by	Tues/Thurs	279.90	139.95	130.00	269.95
Sept. 1 st and potty trained.	Mon-Fri	670.50	335.25	130.00	465.25
DETLIDNING STUDENT					

Preschool Half Day Program 9 – 1 pm (4 hours)	D	ays of the week	Monthly Tuition	2-Week Deposit	Non- Refundable Regist. Fee	Regist. Fee + Deposit due at time of enrollment
		Mon/Wed/Fri	434.00	217.00	115.00	332.00
Must be at least 3 years old by		Tues/Thurs	311.00	155.50	115.00	270.50
Sept. 1 st and potty trained.		Mon-Fri	745.00	372.50	115.00	487.50

RETURNING SIBLING STUDENT (10% DISCOUNT)							
Preschool Half Day Program	C	Days of the week	Monthly Tuition	2-Week Deposit	Non- Refundable Regist. Fee	Regist. Fee + Deposit due at time of enrollment	
9 – 1 pm (4 hours)		Mon/Wed/Fri	390.60	195.30	115.00	310.30	
Must be at least 3 years old by		Tues/Thurs	279.90	139.95	115.00	254.95	
Sept. 1 st and potty trained.		Mon-Fri	670.50	335.25	115.00	450.25	

PARENT NOTES OR COMMENTS	
FOR OFFICE USE	
Registration & Deposit Paid	Check # or Credit Card
Paid by	Date
Balance	Office Initial