



Child Pre-Enrollment

Start Date: _____ / _____ / _____ Room: _____
Child's Name: _____ DOB _____

FT / PT Days of Attendances: *Mon Tue Wed Thu Fri*

1) Parent / Guardian Name: _____

Address: _____

Phone Number: _____ Email: _____

Place of Employment: _____ Work Phone: _____

Driver's License #: _____ State: _____ Social Security #: _____

2) Parent / Guardian Name: _____

Phone Number: _____ Email: _____

Place of Employment: _____ Work Phone: _____

Driver's License #: _____ State: _____ Social Security #: _____

Annual Enrollment Fee: \$50 per child (nonrefundable)

Deposit: 1/2 First week tuition per child (nonrefundable)

Total Paid: _____

Payment: VISA / MC / Debit Cards / Check / Cash / Other _____

Name on Card: _____ Address: _____

Card # _____ Exp. Date: _____ / _____ / _____

How Did You Hear About Us: Walk-In Referral Internet ERC/SRS/PBS

Child Snap Shot:

Gender: Male / Female

Exceptional Needs: _____

Services: _____ **Allergies:** _____

My child Likes: _____

My child dislikes: _____

Statement of Release for Permission for Non-Custodial Pick-Up: Yes / NO

I give permission for _____ to be released to the following persons:

Name: _____ Relationship: _____ Phone # _____

Name: _____ Relationship: _____ Phone # _____