

Start Date: _____
Classroom: _____

Male/ Female
(Please circle)

Toddler/Preschool/Elementary Registration Form

Child's Name _____ Date of Birth _____

Parent/Guardian's Name _____

Address _____ City _____ Zip Code _____

Phone Numbers (home) _____ (work/cell) _____

E-mail Address _____

E-mail Address _____

Please check the program that most fits your needs
(Please note 5 full days 8:45am-2:45pm only for Elementary students)

HALF DAY

9:00am - 12:00pm

3 days a week _____

5 days a week _____

FULL DAY

9:00am - 3:00pm

3 days a week _____

5 days a week _____

EXTENDED DAY CARE

7:00am - 9:00am / 3:00pm - 6:00pm

am daycare _____

pm daycare _____

am & pm daycare _____

Required Fees: *(non-refundable)*

New Student Registration Fee \$200.00

Tuition Deposit \$400.00

Tuition Deposit \$250 Elementary September

Tuition Deposit \$250 Elementary June

Earthquake Kit \$25.00

initial _____

initial _____

initial _____

initial _____

initial _____

Total Amount Paid: _____ Date: _____ Check #: _____