



School-Year Session Sept-May

Office Use Only:

Reg Fee Paid: _____ Date: _____
Cash Check CC
Staff Child: _____

Today's Date _____

Child's Name _____ M _____ F _____

Child's Date of Birth ____/____/____

Parent/Caregiver Names _____

Home Address _____

Primary Caretaker Name and Cell Number _____

Primary E-mail Address _____

Secondary Caretaker Name and Cell Number _____

Secondary E-mail Address _____

Which e-mail address should receive informational e-mails? (circle one)

Primary Secondary Other: _____

Which e-mail address should receive the monthly tuition statement? (circle one)

Primary Secondary Other: _____

Emergency Contact Name/Phone _____

List the order in which contacts should be called, in case of an emergency:

1. _____ 2. _____ 3. _____

Please circle days desired (2-day—circle M/W or T/Th; 4-day—circle all days):

____ Infants (2-11 months, on or by Sept. 1st) M T W Th

____ Toddlers (12-23 months, on or by Sept. 1st) M T W Th

____ Twos (turns 2 years on or by Sept. 1st) M T W Th

____ Threes (turns 3 years on or by Sept 1st) M T W Th

____ Pre-K (turns 4 years on or by Sept 1st) M T W Th

____ Transitional Kindergarten (5 years) Monday – Thursday (No 2-day option)

****This section only for those wishing to participate in Extended Care Program****

Please circle days and times you would like your child will be enrolled in Extended Care:

Monday: 8:00-9:00 AM 8:30-9:00 AM 2:00-2:30 PM 2:00-3:00 PM 2:00-3:30 PM 2:00-4:00 PM

Tuesday: 8:00-9:00 AM 8:30-9:00 AM 2:00-2:30 PM 2:00-3:00 PM 2:00-3:30 PM 2:00-4:00 PM

Wednesday: 8:00-9:00 AM 8:30-9:00 AM 2:00-2:30 PM 2:00-3:00 PM 2:00-3:30 PM 2:00-4:00 PM

Thursday: 8:00-9:00 AM 8:30-9:00 AM 2:00-2:30 PM 2:00-3:00 PM 2:00-3:30 PM 2:00-4:00 PM

Total Hours/Minutes enrolled in Extended Care Each Week: _____ Hours _____ Minutes