

Application for Enrollment For the 2008-2009 school year

Child's Full Name:		Nickname:	
Date of Birth:	Age:	Sex:	
Street Address:		Phone:	
City:		Zip Code:	
E-mail (for correspondence	or reminders):		
Father:	Occupa	ation:	
Home Address:		Phone:	
Business Address:		Phone:	
Mother:	Оссир	ation:	
Home Address:		Phone:	
Business Address:		Phone:	
Does your child have any s			
Chronic medical conditions	?		
Allergies?			

I understand and agree that:

Director signature

enrolled submitte	
My enrol	Iment fee will be for
	tand my fee will remain the same whether my child attends or not. This
	all school closures periods.
	needing full time care have priority over part-time families. Part-time will be offered on space availability basis.
	en must be toilet trained prior to first day of attendance.
	ter hours are 8AM to 6PM. Tuition is due on the Monday prior to service ate fee will be incurred if payments re not received by 8:30 AM or
•	gn my child in and out of the center each day with full signature.
	ickup fee of \$15 will be charged for each 15 minute increment after
	ed hours.
👃 I must n	otify the site by phone or writing if my child will not be attending the
	at day for any reason.
Ongoing other chi	discipline problem that endanger the health and safety of my child or ldren/staff will result in termination.
threaten	ickup my child within one hour of the notification if: A) My child behavious the safety of other children, himself/herself or staff; or B) My child is iled a temperature over 100.
♣ I must r	notify the site staff in writing 2 weeks in advance of any vacation or
	val from the program.
	gram is not open on holidays and that I am required to pay for al
Holidays ↓ I must r numbers	otify the site staff within 10 days of any change in address or phone
Mother's signatu	ureDate:
E-H	
Father's signatu	reDate:

_Date: _____