

Name of Child:			School Y	School Year:	
Address:					
	4		Phone #:		
Name of Parents; (Parent #1):					
(Parent #2):					
Email Address:					
Recommended by:					
Class Preferred:					
Younger 3	3 year old	4 year old	4ADV	Pre-K	
Number of days per w	/eek: 2	3	45		
Session Preferred:	Morning	Afternoon _	Full Day		
REGISTRATON FE	CES:				
Pre-School:	New Registration: \$100.00 Re-registration: \$50.00				
	Tuition is payable at the <b>beginning</b> of each week or month.				
	Registrat	tion fees are non-re	efundable.		
Parent's Signature			Date		