



**ENROLLMENT FORM
2024-2025**

Family Name: _____

Parents' Name(s): _____

Home Phone: (_____) _____ Listed Unlisted

Parent 1 Cell: (_____) _____

Parent 2 Cell: (_____) _____

Primary Email(s):

Child(ren) Enrolling for the 2024 – 2025 school year:

Name: _____ DOB: _____

Name: _____ DOB: _____



PROGRAM CHOICES

3K (CIRCLE YOUR CHOICE)

FULL DAY: Monday through Friday Monday/Wednesday/Friday Tuesday/Thursday

HALF DAY: Monday through Friday Monday/Wednesday/Friday Tuesday/Thursday

EXTENDED CARE: Monday through Friday Monday/Wednesday/Friday Tuesday/Thursday

Other: _____

4K (5 DAY PROGRAM - CIRCLE YOUR CHOICE)

FULL DAY: Monday through Friday **HALF DAY:** Monday through Friday

EXTENDED CARE: Monday through Friday

Other: _____

Enrollment fee: \$50 per child

Please return your completed Enrollment Form to the Preschool office.

The Enrollment Fee can be paid using our online payment system. Please see attached instructions for access.

Enrollment is complete, and your child(ren) will be added to the class roster, when both the Enrollment Form and Enrollment Fee are received.

For office use only

ENROLLMENT FORM RECEIVED

Date: _____ **By:** _____

ENROLLMENT FEE RECEIVED

Date: _____ **Amount Paid:** _____

By: _____