



ENROLLMENT FORM (2022-2023)

Family Name: _____

Parents

Name(s): _____

Home Phone No. (_____) _____ Listed _____ Unlisted _____

Parent 1 Cell No. (_____) _____

Parent 2 Cell No. (_____) _____

Primary emails:

Child(ren) Enrolling for the year : _____

Name: _____ DOB: _____

Name: _____ DOB: _____

PROGRAM CHOICES FOR 2022-2023 SY

3K (CIRCLE PROGRAM CHOICE)

Full Day: Monday-Friday Monday-Wednesday-Friday Tuesday-Thursday

Half Day: Monday-Friday Monday-Wednesday-Friday Tuesday-Thursday

Extended Care: Monday-Friday Monday-Wednesday-Friday Tuesday-Thursday

Other: _____

4K (5 DAY PROGRAM - CIRCLE CHOICE)

Full Day: Monday-Friday

Half Day: Monday-Friday

Extended Care: Monday-Friday

Other: _____

Enrollment fee: \$50 per child

Completed Enrollment Form should be returned to the Preschool office.

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

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)

Date Enrollment Form Received _____ By: _____

Date Enrollment Fee Received: _____ Amount Paid: _____ By: _____