



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

A child must be 6 months of age on or before August 1<sup>st</sup> of the current year.

**Fill Out Completely:**

Enrollment Form

Include a copy of your child's immunization record

Child's information sheet

**Registration (Non-refundable, due upon enrollment): \$55.00**

**Second Semester Supply Fee (Due by February 1st): \$25**

**Monthly Tuition Rates:**

\_\_\_ Two-Day Plan 6 month–PreK \$130.00/month

\_\_\_ One-Day Plan 6 month–2 years \$75.00/month

2nd Child Discount 20% off
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**Mother's Day Out Policy:** The registration fee is due at the time of enrollment.

Please notify us if you withdraw your child from our classes.

I understand tuition is due on the first school day of each month. I will pay on this date or contact the program director for an extension. I have read and agree to these guidelines:

\_\_\_\_\_  
(Parent or Guardian)

## Confidential Child Profile

Child's Name \_\_\_\_\_ Child's Birthday \_\_\_\_\_  
Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_  
Residential Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Father's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Mother's Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Marital Status \_\_\_\_\_ Legal status of child's custody \_\_\_\_\_  
Father's Church Membership \_\_\_\_\_  
Mother's Church Membership \_\_\_\_\_  
Does your child attend Sunday school or church?  
\_\_\_\_\_

If so, where?  
\_\_\_\_\_

Other People in your Household: (List names and ages)

1. _____	4. _____
2. _____	5. _____
3. _____	6. _____

### **Emergency Contact Persons**

Name: _____	Name: _____
Phone: _____	Phone: _____
Address: _____	Address: _____
City: _____ State: _____	City: _____ State: _____

### **All adults authorized to pick up your child:**

Name	Relationship
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

### **Medical Information**

Please list all allergies: \_\_\_\_\_

Please list all medical conditions: \_\_\_\_\_

Is your child currently on any prescription medication? Please

List: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Treatment Facility: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_



## **Mother's Day Out**

Tuesday & Thursday - 9:00am - 2:00pm

Open House: TBA

First Day of School: TBA

- Two Day Plan 6mo - PreK - \$130/Month
- One Day Plan - 6mo - 2 - \$75/month
- Tuition due by the 15th of the month.
- Registration (non-refundable): \$55
- 2nd Semester Supply Fee (Due by February 1st): \$25
- 2nd Child Discount: 20% off

***Please keep this copy for your records.***