



**ENROLLMENT FOR 2017-2018 SCHOOL YEAR
ONE FORM PER CHILD, PLEASE**

I wish to enroll the following child for the 2017 - 2018 school year. I understand that to hold my child's place, one month tuition, which will be applied to June 2018, must be included with the enrollment form and serves as the non- refundable deposit.

I acknowledge that this payment is non-refundable and represents my commitment to my child's enrollment in this school. I further acknowledge this deposit is for the child indicated below for the 2017 - 2018 school year and will not be applied to any other installment, any other school year, or any other child.

Date

Parent's Signature

Phone: W (____) _____ H (____) _____

Child's Name

Birth date

I would like to enroll my child for the 2017 - 2018 school year.

All Programs are Five days a week:

Program : _____ 12:30pm _____ 3:30pm _____ 4:30pm

Note: We offer half day programs on a limited basis. Enrollment priority is given to full day students.

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For office use only

Enrollment fee of \$ _____ was received on _____

Cash _____ Credit Card _____ Check # _____
