



Door Code: \_\_\_\_\_

## Child Pre-Enrollment

Start Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Room: \_\_\_\_\_ Grade: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Enrolled School: \_\_\_\_\_  
FT / PT \_\_\_\_\_ Days of Attendances: *Mon Tue Wed Thu Fri*

1) Parent / Guardian Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

2) Parent / Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Annual Enrollment Fee: \$50 per child** (nonrefundable)

**Deposit: 1/2 First week tuition per child** (nonrefundable)

Total Paid: \_\_\_\_\_

Payment: Check / Cash / Other \_\_\_\_\_

How Did You Hear About Us: Walk-In Referral Internet ERC/SRS/PBS

Child Snap Shot:

Gender: Male / Female

Exceptional Needs: \_\_\_\_\_

Services: \_\_\_\_\_ Allergies: \_\_\_\_\_

My child Likes: \_\_\_\_\_

My child dislikes: \_\_\_\_\_

**Statement of Release for Permission for Non-Custodial Pick-Up:** Yes / NO

I give permission for \_\_\_\_\_ to be released to the following persons:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # \_\_\_\_\_