

Pre-Enrollment Registration Form

Please include the following information with you **\$150.00 non-refundable** pre-enrollment fee. When your registration form and fee are received, you will be placed on a waiting list.

We will contact you on the availability of a space and the enrollment process. If you are offered a space, a 4 week deposit is required to reserve it. (This amount is a credit toward your last 4 weeks of enrollment when you notify the center one month in advance after the first year of enrollment). All information is kept strictly confidential.

Child's Name: Birth Date: M ☐ F ☐

Parent's Name: Driver's License No.

Address: City:

State: Zip Code:

Cell Phone: E-mail:

Parent's Business Place: Business Phone:

Business Address: Work Hours:

Parent's Name: Driver's License No.

Address: City:

State: Zip Code:

Cell Phone: E-mail:

Parent's Business Place: Business Phone:

Business Address: Work Hours:

Attendance (9 hours period between of 7:00 AM to 6: 00 PM)

Time: from _____ to _____ Days: Mo ☐ Tu ☐ We ☐ Th ☐ Fr ☐

Date you would like to start: _____

Please email this form to: