

**Application for Enrollment  
2024-25 School Year**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_  
Street City Zip

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Address \_\_\_\_\_  
Street City Zip

e-mail: \_\_\_\_\_ Work Phone \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Parent's Address \_\_\_\_\_  
Street City Zip

e-mail: \_\_\_\_\_ Work Phone \_\_\_\_\_

Enrollment requested for:.

- Toddlers Full Time (18-24 months)       Twos Full Time
  - Preschool Full Time       Preschool 9-1
  - Participation Option Requested (Work in classroom one morning a week)  
(\$200/month tuition discount)
  - After-school Program (Grades TK-4)  
 5 days a week     4 days a week (day off: \_\_\_\_\_)
- Grade: \_\_\_\_\_ School: \_\_\_\_\_

Comment:

Please submit this application with a non-refundable application fee of \$50 to reserve a place for your child.

Date \_\_\_\_\_ Application fee received \_\_\_\_\_

Comments: \_\_\_\_\_ Forms sent or given: \_\_\_\_\_

Confirmation: \_\_\_\_\_