



**Application for
September 2026-May 2027**

Registration Fee: \$125 (Individual)
\$175 (Family)

Enclosed is my check # _____ for \$ _____ (Reg. Fee + 1st month's tuition).

Activity Fee: \$95/child due no later than August 13, 2026
Please print your child's name in the space beside class selection.
Classes based on child's age as of August 1, 2026.

18 months – 2 year:

- 1. _____ Monday & Wednesday = \$270.00 Monthly
- 2. _____ Tuesday & Thursday = \$270.00/Monthly
- 3. _____ Monday thru Thursday = \$410.00/Monthly

3 year:

- 1. _____ Tues., Wed., Thurs. = \$330.00/Monthly
- 2. _____ Monday thru Thurs. = \$410.00/Monthly
- 3. _____ Monday thru Friday = \$425.00/Monthly

4 year:

- 1. _____ Tues., Wed., Thurs. = \$330.00/Monthly
- 2. _____ Monday thru Thurs = \$410.00/Monthly
- 3. _____ Monday thru Friday = \$425.00/Monthly

I understand that acceptance of this application size, teacher/child ratio and that the fees and tuition will be refunded ONLY if the application is NOT accepted.

Parent Signature: _____ Date: _____



Child's Name: _____ Birth date: _____

Parents' Names: (Parent A.) _____
(Parent B.) _____

Address: _____ City: _____ State: _____ Zip: _____

A.	Home Phone #: _____	B.	Home Phone #: _____
	Cell Phone #: _____		Cell Phone #: _____
	Work Phone #: _____		Work Phone #: _____
	Email Address: _____		Email Address: _____

In case of emergency, please call: _____ Phone #: _____
_____ Phone #: _____
_____ Phone #: _____

Allergies or special needs: _____

Pediatrician Name: _____ Phone # _____

Interested in extended care (morning/ afternoon/both) _____

Parent's Signature: _____ Date Submitted: _____

For Office Use Only:

Received by: _____ Date Received: _____
Time Received: _____