

	2024	-2025 Registi	ratior	1 Form		
Child's Name:		M	F	_ D.O.B	_//	
Address:						
City:		State:		_ Zip:		
School District (Child Will Attend	:				
Home Phone:		_ Cell (M):		Cell (F):		
Mother's Name:		Occupation:				
Business Addres	38:		_ Phon	e:		
Father's Name: _		Occupation:				
Business Addres	38:		_ Phon	e:		
Email Address: _						
FEE: A non-refun child's enrollment	dable registration in the program. T	fee of \$65.00 must a his is a separate fee registered for the fol	accompa and is a	any this applic not applied tov	ation to secure your	
○ 2+ Program	○3s Program	○ 3s Program	○ 4 -	-5 Program	○ 4-5 Program	
(2 ½ by Oct. 1) Tue. & Thurs. 9:00-11:00 am \$2,220.00 yr. (\$740.00 x 3)	(3 by Oct. 1) O Mon & Wed 9:00am- noon \$2,769.00 yr. (\$923.00 x 3)	R (3 by Oct. 1) Tue. & Thurs. 9:00am- noon \$2,769.00 yr.	(4 M 9: \$3	•	R (4 by Oct. 1) M-F 9:00-noon \$3,795.00 yr.	
Enrichment Opti	ons: (Check off i	n interested)				
This additi new count director wi	ional day has the t ry each week and 11 provide addition	heme of Traveling A learn about the cult al information.	round t ure/hol	he World'. The idays celebrate	ek October) (Cost \$870) e kids will travel to a ed in that country. The	
Interested in	n 4's program enrie	chment options. The	directo	r will provide a	additional information.	
*Tuition: ** Mon	thly billing is av	ailable for your co	nvenie	nce.		
Would you prefer	to be billed	Quarterly (July/Nov	v/Feb)	or <u>Month</u>	ly (July-March) (9x)?	

04 0005 Deviaturation Form

 Paid by: Check #_____
 Cash_____
 Electronic (via Brightwheel app) _____

Parent/Guardian Signature: _____ Date: _____