



Registration fee _____

Application for Enrollment

Child's name _____

Parent 1 _____ **Parent 2** _____

Email _____ **Email** _____

Phone _____ **Phone** _____

Preschool Program (please circle)

AM PM

5 days School District 4K (free)

5 days \$300 4 days \$275

3 days \$250 3days \$250

Other _____

Additional Care Options (please circle all that apply)

Full Day: Private pay (2.5-3 year olds)

5 days: \$795 4 days: \$695 3 days: \$595 2 days: \$495

School district 4K and 11-5:30 private pay

5 days: \$575 4 days: \$500 3 days: \$430 2 days: \$360

1 day: \$250

Drop in (when space available): \$50/day

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Noon Care:	M	T	W	TH	F
(\$7.00/hour)	11-12	11-12	11-12	11-12	11-12
	12-1	12-1	12-1	12-1	12-1

Drop in (when space available): \$9.00/hour

After Care:	M	T	W	TH	F
(\$7.00/hour)	3:30-4:30	3:30-4:30	3:30-4:30	3:30-4:30	3:30-4:30
	4:30-5:30	4:30-5:30	4:30-5:30	4:30-5:50	4:30-5:30

Drop in (when space available): \$9.00/hour

I have read, understand, and agree to abide by the policies and enrollment requirements included in this packet.

Parent Signature _____ Date _____