

CHILDREN'S ACADEMY

ENROLLMENT FORM FALL 2015-2016

Please print clearly

Child's Name:		Date of Birth:
Parent(s) Name(s):	Address:	Home Telephone:
Parent(s) Workplace(s):		

Please circle the program(s) you want your child to participate in at Children's Academy.

Infants Toddlers Twos Preschool Kindergarten Before/After School

Days & Hours Desired		
This is your regular schedule, and will be used to calculate your weekly tuition. Please be as accurate as possible.		
	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
<input type="checkbox"/>	No regular schedule. Please enroll me on an "occasional" basis (must call ahead).	

Date on which you would like your child to start: _____

I understand that I am financially responsible for the dates and times indicated above during the 2015-2016 Academic year, **including vacations**, and that any changes to my regular schedule must be made via a "Schedule Change Request" form with **two weeks' notice**. I also understand that a non-refundable fee of \$50.00 for children attending Children's Academy \$75.00 for new enrollments, or \$125.00 for occasional enrollments must accompany this form.

Date:	Parent/Guardian Signature:
-------	----------------------------

Office Use Only	Original Enrollment Date:	Original Start Date:
Enrollment Fee Paid:		
Additional Notes:		

