

Children's Academy

ENROLLMENT FORM FALL 2020-2021

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 Schoolage

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		

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 2020-2021 Academic school 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 and \$100.00 for new enrollments must accompany this form.

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

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