



Student Application

Child's Info:

Child's Name: _____

Child's Date of Birth: _____

Boy or Girl (circle one)

Parent or Guardian's Info:

Name: _____

Name: _____

Email: _____

Email: _____

Cell: _____

Cell: _____

Schedule (select one)

- 2 School Days (Tuesday & Thursday 9:00-3:00)
- 2 Extended Days (Tuesday & Thursday 7:30-6:00)
- 3 School Days (Monday, Wednesday, Friday 9:00-3:00)
- 3 Extended Days (Monday, Wednesday, Friday 7:30-6:00)
- 5 School Days (week days 9:00-3:00)
- 5 Extended Days (week days 7:30-6:00)

Requested Start Date: _____

Child's Age at Start Date: ____year (s) ____month(s)

Fees

- **\$100 Application Fee (nonrefundable) DUE WITH THIS APPLICATION**
- Enrollment Deposit (first month's tuition & \$1500 security deposit used toward last month's tuition with 60 days notice) DUE 48 HOURS FROM ACCEPTED APPLICATION
- \$300 Annual Supply Fee DUE BY FIRST DAY
- Monthly Tuition (amount based on schedule) DUE THE FIRST OF EACH MONTH

I understand that I will be responsible for making scheduled tuition payments by the first of the month through the end of the school year. I will provide the following completed forms before my child's start date: (1) Emergency Contact, (2) Diet & Allergy, (3) Agreement, (4) Permission, (5) Child Health Report, and (6) Payment.

Parent Signature: _____

Date: _____