

Creative Years Preschool

Enrollment Information

Thank You for coming to Creative Years!

Child's Name (Circle) M F Birthdate

Address City, Zip

Home Phone E-Mail Address

Parent's Name Cell Phone

Parent's Name Cell Phone

Siblings: _____ Birthdate: _____

Siblings: _____ Birthdate: _____

I want my child to attend on (check one)

- | | <u>Pre-K and 3's</u> | <u>2-year-olds</u> |
|---|----------------------|--------------------|
| <input type="checkbox"/> Monday, Wednesday, Friday am | \$ 380 month | \$ 415 month |
| <input type="checkbox"/> Tuesday, Thursday am | \$ 310 month | \$ 355 month |
| <input type="checkbox"/> Monday through Friday am | \$ 595 month | N/A |
| <input type="checkbox"/> Lunch Bunch | \$12.50 per week | N/A |

Initials I understand that I am responsible for a 30 day written notice (e-mailed to creativyearsscv@aol.com) for any changes to this enrollment.

I am enclosing the non-refundable registration fee, check # _____ or Visa/Master card ____.

I am enclosing the deposit of \$ _____, check # _____ or Visa/Master card ____.

Signature

Date