

Deposit Enrollment form

(Needs to be filled out with deposit)

Child's Name: _____

Birthdate/due date: _____ Start date approx: _____

Parent/Guardian

Name: _____ Birthdate: _____

Address: _____

Workplace: _____ Work # _____

Cell # _____ Email: _____

Name: _____ Birthdate: _____

Address: _____

Workplace: _____ Work # _____

Cell # _____ Email: _____

Circle days scheduled

M T W Th F

Drop off time:

M: _____

T: _____

W: _____

Th: _____

F: _____

Pick up time:

Weekly Tuition: \$ _____ Reg. Fee: \$60 Total: \$ _____

Paid: Check Cash Money order