

School Year Registering For: ____/___

Received by:

The Country Playhouse Preschool

Intent to Enroll

Please fill out this form completely and bring hold your child's spot for the current or upcor spot in the class of your choosing. By filling commitment to enroll your child at The Concredit/debit cards through automatic processing fee, we will accept a check as payment. This fill mind at any time prior to the start of school, you choose to not enroll your child.	ming school ng out this ountry Playl ing each mo orm is NOT	year. This guant to En nouse Preschoonth for tuition a binding continuous prescription.	arantees roll form ool. We , howeve ract, and	your child n, you ar only acc er for the you may	l will have e making ept ACH Registration change yo	a a or on ur
Child's Name:		Birth Date:_	_//_	G	ender: M	F
Address:				Zip Cod	e:	
Phone Number: () -		Preschool 4 Yr. Olds)			indergarto	
Parent/Guardian Name:						
Phone Number: () -	Email:					
Parent/Guardian Name:						
Phone Number: () -	Email:					
How did you hear about us? ☐Internet ☐Newspaper ☐Social Median	dia □Wo	rd of Mouth	□Frie	nd/Famil	y □Fly	⁄er
Did a currently enrolled family refer you to our If yes, who?		☐YES This family w	vill receiv	□NO ⁄e a \$50	referral cr	edit!
Parent/Guardian Signature:			Date:	/_	/	
DO NOT WRITE BELOW THIS LINE						
Registration Fee Paid: \$	Check #	Γ	☐ Cred	it/Dehit		_

______ Date Received: ____/___/