

Creative Years Preschool – Enrollment Form

Child's Name _____ (Circle) M F Birthdate _____

Address _____ City, Zip _____

Parent Name _____ Parent Name _____

Cell Phone _____ Cell Phone _____

E-Mail Address _____ E-Mail Address _____

Employer Name/Address _____ Employer Name/Address _____

Work Phone _____ Work Phone _____

Siblings: _____ Birthdate: _____

Siblings: _____ Birthdate: _____

I would like to enroll my child:

- | | | |
|--|--|--------------------|
| | <u>Pre-K and 3's</u> | <u>2-year-olds</u> |
| <input type="checkbox"/> Monday, Wednesday, Friday am | \$ 505 month | \$ 540 month |
| <input type="checkbox"/> Tuesday, Thursday am | \$ 410 month | \$ 455 month |
| <input type="checkbox"/> Monday through Friday am | \$ 770 month | \$ 830 month |
| <input type="checkbox"/> Lunch Bunch (see office for form) | \$20/wk-month commitment, \$25/wk-occasional | |

_____ I understand that if I want to make any changes, I am responsible for a 30-day written notice
 Initials e-mailed to info@creativeyears.com

I am enclosing the non-refundable registration fee \$ _____ and deposit \$ _____, paid _____.

Signature _____ Date _____

OFFICE INFORMATION

Start date _____ Non potty__ 2-yr-old__ 3-yr-old__ Pre-K__ Tour by _____ Tour date _____ TY _____