

Enrollment Application

Child's Full Name: _____ Birth Date: _____

Home Address: _____ Zip Code: _____

Home Phone #: _____ Cell #: _____

Mother's Name: _____ Work #: _____

Work Site/Agency: _____ Union Affiliation: _____

Father's Name: _____ Work #: _____

Work Site/Agency: _____ Union Affiliation: _____

Tuition is calculated according to the following factors:

- Requested days of attendance:
Monday Tuesday Wednesday Thursday Friday

- Extended hours:
7:00 to 7:30 5:30 to 6:00

- Program:
Under One Year One to Two (Infant Room) Two to Three (Toddler Room)
Three to Five (Pre-K Room)

- State employee discount: _____ Or Sibling discount: _____

Weekly Tuition Rate: _____

Date of Application: _____ Date of Transition Visit(s): _____

Anticipated Entry Date: _____ Initial Payments Made: _____

Signature of Parent/Guardian

Relationship to Enrolled Child