



2014 — 2015 Preschool Programs

Parent/Guardian Information

Names: _____ Mother Father Guardian
_____ Mother Father Guardian

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Mobile: _____ Email: _____

How did you hear about us? _____

Emergency Contact

Name: _____ Relationship: _____

Phone: _____ Mobile: _____ Email: _____

Student Information

Name: _____ Male Female

Birth Date: MM / DD / YY _____ Grade Level: _____ School: _____

Other: Allergies _____ Anxiety _____ Medical _____
 Dietary Restrictions _____ Other _____

Enrollment

This program runs September 2014 through June 2015. Please indicate the number of days per week you would like your child to participate in.



(2.5 - 4.5 years old) Monday — Friday, 9:00am — 12:00pm

\$7,500 for 3 days per week / \$10,000 for 5 days per week

M, W, F (3 Days) M — F (5 Days)

