



Intent to Enroll

Your Name: _____ Date: _____

Street Address: _____

Phone Number: _____

Email Address: _____

First Child's Name: _____ DOB: _____

Male Female (please circle)

Second Child's Name: _____ DOB: _____

Male Female (please circle)

Anticipated Start Date: _____ (Quoted Wait List Time: _____)

Classroom (Nido, Toddler, or Primary): _____

8:15-3:30 _____

Before Care (7:30-8:15) _____

After Care (3:30-4:45, 3:30-5:30) _____

Quoted Tuition: _____ Paid: _____

Application Fee: _____ Paid: _____

Materials Fee: _____ Paid: _____

Parent Signature: _____