



Intent to Enroll

Your Name: _____ Date: _____

Street Address: _____

Phone Number: _____

Email Address: _____

First Child's Name: _____ DOB: _____

Second Child's Name: _____ DOB: _____

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

Classroom (Infants, Toddlers or Primary): _____

8:15-1:00 _____

8:15-3:30 _____

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

After Care (3:30-4:45, 3:30-6:00) _____

Quoted Tuition: _____ Paid: _____

Materials Fee: _____ Paid: _____

Parent Signature: _____