

Daycare Pre-Enrollment	
Child's Name:	/Birthdate://
Start Date:	
Parent/Guardian Name:	
Address:	
Email:	
Phone:	
A consistent daily/weekly schedule is requir	ed for enrollment.
Arrival/Departure times: M to	
Tt	.0
W t	
Th t	.0
Ft	0
Room starting in	
Please check payment choice.	
Weekly	
Monthly	
*See Payment and Fees Sheet for Current R	ates.
Weekly payments are due the first day of day by the 25 th of the previous month.	aycare usage. Monthly payments are due
A one time Registration fee of \$60.00, paid	on date: check #
*A \$10.00 late fee will be assessed for late	weekly and monthly payments.
Parent/Guardian Signaure:	