

Enrollment Fall 2022

Student's Name:				Child's Date of Birth:	
	First		Last		
Name to be use	d in class:				
Parent's Name(s):				
Address:					
St	reet Address				Apartment/Unit #
 Ci	ity			State	ZIP Code
Primary Phone:	[] Mom [] Dad		Email		
Alternate Phone	e:		Email		
Allergies:	[] Mom [] Dad				
Alternate Pickup	Other than Pare	ent:			
Not Allowed to r	oick up child:				
. тот / шот од то р					
Is your child rec	eiving or received	d any services	·		
would like to giv	e Connections P	reschool perm	ission to take and/or use photogra	aphs and/or videos	of my child
Parent Signature	:				
Day	s Attending:	2	3	5	
Day	S Attending.				
Select One:	Morning Ses 8:30-11:1		Lunch Friends 8:30-12:45	Extende 8:30-	_
3 days a week	like to customize you for the morning sess dicated above.**	ur choice for any sion but would lik	day you sign up for, please speak with t e for them to stay an extended day for 1	he Director. For examp of the days this can be	ole, if you are sending your child e arranged by applying the add-
- A \$75, (return	ing families \$50) nonrefundab	le enrollment fee will be due at t	the time of enrollm	ent.
- Nine (9) conserefundable.	ecutive payment	ts begin in Se _l	otember and continue through M	lay. The Septembe	er payment is non-
- I understand a	a paid 30-day wi	ritten notice m	ust be given to withdraw my chil	ld.	
- I understand t	that all my child's	s state forms i	must be on file in the preschool of	office before attend	ding class.
				_	
Signature:				Dat	e: