



APPLICATION FOR ENROLLMENT 2024-2025

		Today's date:
Child's Name:		Date of Birth:
Address:	Town:	Zip Code:
Reachable Phone:	Email:	

<u>GROUP</u>	<u>SESSION</u>	<u>POTENTIAL EXTENDED HOURS</u>	<u>PLEASE INDICATE DAYS & HOURS</u>
Group 1 (3-4 year olds)	9:00am - 11:45am	- Lunch until 1:00pm - Extended time by hour	
Group 2 (4-5 year olds)	9:00am - 11:45am	- Lunch until 1:00pm - Extended time by hour	
Group 3 (5-6 year olds) Transitional Kindergarten	9:00am - 1:00pm	- Extended time by hour	

Previous Experience:

Parent/Guardian Information

Name:	Name:
Other Members of the Household:	

An Annual Registration Fee of \$100.00 (per family) must accompany this application.

For office use

Registration Fee: \$	BW/Cash/Ck#	Date:
Tuition Deposit: \$	BW/Cash/Ck#	Date:
B/W Invite:	Class:	Schedule: Agreement:
Notes:		

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