



New Enrollment Deposit Form

Name of child: _____

Date Received: _____

Date of birth: _____

Name of parent or guardian: _____

Home phone: _____

Cell phone: _____

Email address: _____

Full-time Part-time: (Days) _____

Mailing address: _____

Attached please find a deposit in the amount of \$ _____ to hold a spot beginning _____
in the following class:

(check one)

Infant

Toddler

Preschool

I understand that if my child does not start within 2 weeks of this date, that I will either begin full payments to hold the space or forfeit the spot.

Signature of Parent or Guardian

Date