



Enrollment Application

1. _____ Enrollment fee is \$100 per student, a one time fee, not part of tuition.
2. _____ Fee is not refundable, unless a position is not available.
3. _____ Families are contacted by phone when position is available for enrollment.
4. _____ Declining the open slot will result in forfeiture of the application fee.
5. _____ This application is valid when accompanied by \$100 enrollment fee.
6. _____ When position is available, family will complete the enrollment packet.
7. _____ Once tuition has been paid, slot will be held for the student.

Child's Name: _____ Birthdate: _____ - _____ - _____
Child's Name: _____ Birthdate: _____ - _____ - _____
Guardian's Name: _____ Referred From: _____
Address _____ Zip _____
Email _____ Phone _____
Cell Carrier: _____

First Choice with Times:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____

Second Choice with Times:

Mon: _____ Tues: _____ Wed: _____ Thurs: _____ Fri: _____

Requested Start Date: _____ - _____ - _____

I have understand and agree to abide by the terms of this agreement.

Signature _____ Date: _____

Paid by: Cash _____ Check _____ Date Contacted for Enrollment _____
Date of Enrollment Meeting _____ Tuition paid _____ Start Date _____