

Preschool Registration Form 2019-2020



Child's Name: _____ **Date of Birth:** _____

Parent (Guardian):

Parent (Guardian):

Name: _____

Name: _____

Address: _____

Address: _____

City: _____ Zip: _____

City: _____ Zip: _____

Phone: _____

Phone: _____

Primary Email: _____

Secondary Email (if needed): _____

Check Program

Circle Days

Jr. Preschool	<input type="checkbox"/> Morning Only (8:45-11:45 am)	Mon, Wed & Fri	Tues & Thurs
	<input type="checkbox"/> All Day (8:15-3 pm)	Mon, Wed & Fri	Tues & Thurs
Preschool	<input type="checkbox"/> Morning Only (8:45-11:45 am)	Mon, Wed & Fri	Tues & Thurs
	<input type="checkbox"/> All Day (8:15-3 pm)	Mon, Wed & Fri	Tues & Thurs
Pre-K	<input type="checkbox"/> Morning Only (8:45-11:45 am)	Monday - Friday	
	<input type="checkbox"/> All Day (8:15-3 pm)	Monday - Friday	

Early Birds, Lunch Club, and Extended Day options may be added to all morning programming.

I wish to enroll my child at Step Ahead Learning Center for the 2019-2020 school year. I have paid the non-refundable \$75 registration fee and I agree to pay the tuition deposit by May 1, 2018. The tuition deposit is equal to one month's tuition and is applied to the last month of the school year. I agree to pay tuition by the first of each month, September through April. *I understand that if I withdraw my child from Step Ahead Learning Center for any reason before May 1, 2019, I will forfeit the tuition deposit.*

Signature: _____ Date: _____

For Office Use Only:

Registration fee: Check # _____ Date: _____ Billing Code: _____

Packet Given / Mailed Date: _____ Tuition deposit: \$ _____ Check # _____