100 Mona Terrace
Fairfield, CT 06824
Telephone: 203-259-1327
FAX: 203-259-7908
Email: acgpreschool@aol.com
www.achildsgarden.net

REGISTRATION/ENROLLMENT FORM - *PLEASE PRINT*

DATE: _____ **START DATE:** _____ **NEW ENROLL:** ____ **RE-ENROLL:** ___

CHILD'S NAME: _____

Date of Birth :_____ **Please Circle: Male or Female**

Parent/Guardian Name:_____ **Cell:** _____**Work:** _____

Parent/Guardian Name:_____ **Cell:** _____ **Work:** _____

Home Address: _____
Street **Town** **Zip Code**

Home Phone: _____ **How did you hear about us?** _____

Is your child potty trained: Yes or No **Known allergies**: _____

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ENROLLMENT OPTIONS: CHECK APPROPRIATE AGE GROUP
____**Infant – Toddlers**: Full Days only, Minimum of 2 days per week
____**Three Year Olds**: Minimum of 2 days per week
____**Four Year Olds**: Minimum of 3 days per week
____**Alternative Kindergarten:** Minimum 3 days per week

Please indicate (F) Full Days (M) Mornings
____Monday ____Tuesday ____Wednesday ____Thursday ____Friday

My family's name, address, email and telephone number may be included on a class list YES NO
My child's picture may be posted on A Child's Garden **Website**: YES NO **Facebook**: YES NO
Please print your email addresses: _____

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Due at the time of registration: New Enrollment Registration Fee - $100.00 per family – NON REFUNDABLE
Renewal Fee $75.00 per family – NON REFUNDABLE

I agree to give a 30 day advance written notice to reduce my child's enrollment or withdraw from the program. If I fail to give the thirty day notice I will be responsible to pay the tuition at the full amount.

My signature below is my agreement to the terms above.

Parent/Guardian Signatures: _____
(Print) (Sign)

_____
(Print) (Sign)

Office Use Only
Reg. Pd. _____
Sec. Pd. _____
Date _____
Check #_____
Check Total_____
Initials_____