20 Ivy Brook Road
Shelton, Ct. 06484
(203)402-0334
fax: (203)924-2555

www.achildsgarden.net

REGISTRATION/ENROLLMENT FORM

PLEASE PRINT

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

CHILD'S NAME: _____ DATE OF BIRTH:_____

Parent/Guardian Name:_____ Cell: _____Work: _____

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

Home Address: _____
Street town zip

Home Phone: _____

How did you hear about us? _____

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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 (**PLEASE CIRCLE**: ½ days 7:00 – 12:20, full days 7:00 - 5:30, extended day 7:00 - 3:00 or PT Program 9:00 - 12:20 Shelton School Schedule)

____Four Year Olds: Minimum of 3 days per week (**PLEASE CIRCLE**: ½ days 7:00 – 12:20, full days 7:00 - 5:30, extended day 7:00 - 3:00 or PT Program 9:00 - 12:20 Shelton School Schedule)

____Kindergarten: Monday – Friday (**PLEASE CIRCLE**: ½ days 7:00 – 1:00, full days 7:00 – 5:30, extended day 7:00 – 3:00)

____Monday ____Tuesday ____Wednesday ____Thursday ____Friday

My family's name, address and telephone number may be included on a class list: YES NO

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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
Kindergarten $100.00 per family – NON REFUNDABLE
Security Deposit (one weeks tuition) _____
Part-time Program (one months tuition) _____

Security deposit will be applied to your child's last week of attendance
(Provided the required 30 day written notice was given)

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: Age Group _____ Room # _____

2/16/2012 5:12 PM Rev.

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