

Early Learners Children's Academy - REGISTRATION FORM

Students Name: _____ Birthdate: _____ Age: _____

Home Address: _____ Telephone: _____

Student lives with: Parent _____ Father _____ Mother _____ Guardian _____ Foster Parents _____
Other _____

Father/Guardian _____ place _____ of
work: _____ Telephone: _____

Email address: _____

Mother/Guardian _____ place _____ of _____ work: _____
_____ Telephone: _____

Brothers and Sisters: _____ Age: _____
_____ Age: _____
_____ Age: _____

PROGRAM DESIRED:

Toddlers (2-3 year olds) _____
yes diapers/pull-ups

Preschool(3-5 years old) _____
no diapers/pull-ups

M-T-W-TH-F	FULL DAY _____	HALF DAY _____
3 Days	FULL DAY _____	HALF DAY _____
2 Days	FULL DAY _____	HALF DAY _____
OTHER	_____	

START DATE: _____ WEEKLY FEE: _____

I understand that the above rates are subject to change as conditions may require, but that I will receive at least a thirty (30) day notice of any change.

I have read the Parents handbook and agree to the financial admission and withdrawal policies of Scripps Ranch Preschool.

Father/Guardian Signature: _____ Date: _____

Mother/Guardian Signature: _____ Date: _____

Director's Signature: _____ Date: _____