

Early Drop Off

Child's Last Name	First Name	/		Age on Sept. 1st	
Parent Name		Preferred Phone:		Home	C ell
Parent Email		Phone:		H ome	C ell
		f before 8:25 AM.	ent must be made	at least 2	24
Permanent Spot		Enrollment is for the following dates:			
Please mark which day(s) and tim	e(s) your child will attend:				
Monday Drop o	ff time:	Date:	Drop off time:		_
Tuesday Drop o	ff time:	Date:	Drop off time:		_
Wednesday Drop o	ff time:	Date:	Drop off time:		_
Thursday Drop o	ff time:	Date:	Drop off time:		_
Friday Drop o	ff time:	Date:	Drop off time:		_
		Date:	Drop off time:		_
I understand that all fees for with 24 hours advance notic			e refundable by cre	edit on ac	count

Enrollment shall be nondiscriminatory according to equal treatment and access to services without regard to race, color, culture, religion or natural origin. All tuition and fees are subject to change with a minimum of 30 days notice. Class offerings are subject to change based on enrollment numbers.