

To be completed by CGDS office staff

Date Application Received: \_\_\_\_\_

Hours Enrolled: \_\_\_\_\_

Method: Cash      Check (# \_\_\_\_\_)

Date Registration Fee Received: \_\_\_\_\_

Monthly tuition: \_\_\_\_\_

Money Order      Visa/MC/AmEx

Paid in Full

Days enrolled: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Taken By: \_\_\_\_\_

## Children's Garden Day School Enrollment Application

_____	_____	_____	<b>M</b> ___ <b>F</b> ___	_____
Child's Last Name	First Name	(Nickname)	Circle One	Birth Date

_____	_____	_____	<b>M</b> ___ <b>F</b> ___	_____
Child's Last Name	First Name	(Nickname)	Circle One	Birth Date

_____	_____	_____	<b>M</b> ___ <b>F</b> ___	_____
Child's Last Name	First Name	(Nickname)	Circle One	Birth Date

_____	_____	_____	_____	_____
Home Address	City	State	Zip	Phone Number

\_\_\_\_\_

E-Mail Address

_____	_____	_____	_____
Parent/Legal Guardian's Name	Relationship	Occupation	Employer/Address

_____	_____	_____
Home Telephone Number	Work Telephone Number	Cell Phone Number

_____	_____	_____	_____
Address	City	State	Zip

_____	_____	_____	_____
Birthday	SS#	DL#	State

_____	_____	_____	_____
Parent/Legal Guardian's Name	Relationship	Occupation	Employer/Address

_____	_____	_____
Home Telephone Number	Work Telephone Number	Cell Phone Number

_____	_____	_____	_____
Address	City	State	Zip

_____	_____	_____	_____
Birthday	SS#	DL#	State

Is there a court ordered custody document on file? \_\_\_\_\_ (If yes, we will require a copy)

List Names and Ages of Other Children in the Family:

\_\_\_\_\_  
\_\_\_\_\_

Has your child been involved in a playgroup or pre-school experience previously? \_\_\_\_\_ If yes, where?

How did you learn about The Children's Garden Day School ? \_\_\_\_\_

Whom may we thank? \_\_\_\_\_

Person(s) authorized to pick up my child, besides parents/guardians or emergency contacts:  
 (With prior notice from parent/guardian and proper ID only)

Name	Address	Telephone Numbers	Relation to child
Name	Address	Telephone Numbers	Relation to child
Name	Address	Telephone Numbers	Relation to child

List any person who may NOT take your child from the school.

Name of Emergency Contacts (other than parent)	Address	Telephone Numbers	Relation to child
Name of Emergency Contacts (other than parent)	Address	Telephone Numbers	Relation to child

Name of Child's Physician Telephone Number

Does your child have special health needs (allergies, asthma, etc.) that we should be aware of? Please request a special care plan so that we can best accommodate your child's needs.

Emergency Consent:

I, \_\_\_\_\_, do hereby give consent for Children's Garden Day School to seek & authorize emergency medical or dental care for my child(ren). I understand that I will be responsible for all medical & dental bills ensuing from any such emergency, and agree to hold The Children's Garden Day School and its employees harmless.

Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
 Parent: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Please check the program that you desire on the bottom of this form.

The tuition on the bottom of this form reflects yearly school tuition divided into 12 monthly payments.

A \$25 non-refundable, application fee is due with this Enrollment Form; plus the first month's tuition.

### ***Monthly Rates***

#### **Infants to 12 months**

Full Time Only \$1125 per month

#### **1 year to 2 years**

Full Time Only \$999 per month

#### **2 to 3 years**

Full Time (7am-6pm)

M-F \$895  
 M-W-F Call for availability (Space limited)  
 T-TH Call for availability (Space limited)

#### **3 to 4 years years**

Full Time (7am-6pm)

M-F \$855  
 M-W-F \$645  
 T-TH \$545  
 Morning 4 hours \$595

Half-Day (9am-3pm)

M-F \$615  
 M-W-F \$475  
 T-TH \$395

#### **4 to 5 years**

Full Time (7am-6pm)

M-F \$855  
 M-W-F \$645  
 T-TH \$545  
 Morning 4 hours \$595

Half-Day (9am-3pm)

M-F \$615  
 M-W-F \$475  
 T-TH \$395