

To be completed by CGDS office staff		Paid in Full <input type="checkbox"/>
Date Application Received: _____	Date Registration Fee Received: _____	Days enrolled: _____
Hours Enrolled: _____	Monthly tuition: _____	Amount Paid: _____
Method: Cash Check (# _____)	Money Order Visa/MC/AmEx	Taken By: _____

Children's Garden Day School Enrollment Application

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

Home Address	City	State	Zip	Phone Number
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E-Mail Address _____

Parent/Legal Guardian's Name	Relationship	Occupation	Employer/Address
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Home Telephone Number	Work Telephone Number	Cell Phone Number
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Address	City	State	Zip	Phone Number
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Birthday	SS#	DL#	State
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Parent/Legal Guardian's Name	Relationship	Occupation	Employer/Address
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Home Telephone Number	Work Telephone Number	Cell Phone Number
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Address	City	State	Zip	Phone Number
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Birthday	SS#	DL#	State
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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 \$1185 per month

1 year to 2 years

Full Time Only \$1049 per month

2 to 3 years

Full Time (7am-6pm)

M-F \$945

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 \$899

M-W-F \$679

T-TH \$579

Morning 4 hours \$629

Half-Day (9am-3pm)

M-F \$645

M-W-F \$499

T-TH \$419

4 to 5 years

Full Time (7am-6pm)

M-F \$899

M-W-F \$679

T-TH \$579

Morning 4 hours \$629

Half-Day (9am-3pm)

M-F \$645

M-W-F \$499

T-TH \$419