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|--------------------------------------|---------------------------------------|---------------------------------------|
| 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 ___ | Birth Date |
| Child's Last Name | First Name | (Nickname) | M ___ F ___ | Birth Date |
| Child's Last Name | First Name | (Nickname) | M ___ F ___ | 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 | Phone Number |
|---------|------|-------|-----|--------------|

| | | | |
|----------|-----|-----|-------|
| Birthday | SS# | DL# | State |
|----------|-----|-----|-------|

| | | | |
|------------------------------|--------------|------------|------------------|
| 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 |
|---------|------|-------|-----|--------------|

| | | | |
|----------|-----|-----|-------|
| 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 |
|------|---------|-------------------|-------------------|
| | | | |
| | | | |
| | | | |

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 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.