

ENROLLMENT CONTRACT/PERSONAL INFORMATION SHEET

Your enrollment fee (non-refundable) of \$ 75.00 reserves a place in Legacy Christian Preschool for your child. Our enrollment is limited. School is in session from approximately September 1, 2022 through May 31, 2023.

TUITION FEES

Two Day Program: Tuesday and Thursday, 9:00 to 11:30 a.m. OR 12:30 to 3:00 p.m.
Monthly/Yearly fee will be \$140 a month OR \$1260 for the whole school year.

Three Day Program: Tuesday, Wednesday and Thursday, 9:00 to 11:30 a.m. OR 12:30 to 3:00 pm
Monthly/Yearly fee will be \$160 a month OR \$1440 for the whole school year.

Stay & Play Program: Tuesday and/or Thursday, 9:30 am to 12:30 pm; 11:30 am to 2:30 pm -- Fees are \$20 per session

Fees are due on or before the 10th of the month, unless other arrangements have been made.
If you wish to remove your child from our school for any reason,
please notify us at least one month in advance.

I wish to have my child in the:

<input type="checkbox"/> 2-day (T-Th) Program 9:00 - 11:30 AM	<input type="checkbox"/> 2-day (T-Th) Program 12:30 - 3:00 PM
<input type="checkbox"/> 3-day (T-W-Th) Program 9:00 - 11:30 AM	<input type="checkbox"/> 3-day (T-W-Th) Program 12:30 - 3:00 PM
<input type="checkbox"/> Afternoon Stay & Play 11:30-2:30 PM (T &/or TH)	<input type="checkbox"/> Morning Stay/Play 9:30-12:30 AM (T &/or TH)

Child's Name _____, _____
Last First Birthdate

Mother's Name _____ Father's Name _____

Best Contact Number _____ E-mail _____

Mother's Cell/Work Number _____ Father's Cell/Work Number _____

Address _____ City _____ State _____ Zip _____

Address of either parent if different from child _____

Siblings (names & ages) _____

Names & Numbers of people to whom your child might be released or if you cannot be contacted:

Church affiliation _____ Attend Regularly? _____

Doctor's Name _____ Phone _____

Physical Information: Visual _____ Auditory _____ Speech _____ Muscular _____

Toilet Trained _____ Allergies _____ Asthma _____

Any other information that would be helpful about your child's likes, dislikes, special interests, talents, special problems, etc., may be recorded on the back of this sheet or on a separate one.

Parent's Signature _____

Printed Name _____

Date _____

OFFICE USE ONLY

Date form received _____ Initials of Staff _____

Comments _____