

Celebration Academy Enrollment Form

Child's Name _____ DOB ____/____/____ Male/Female

Child's Name _____ DOB ____/____/____ Male/Female

(Please underline the name by which your child is to be called)

Mailing Address _____ Subdivision _____

City _____ State _____ Zip _____ Home Phone _____

Father's Name _____ Occupation _____ Work # _____

Cell # _____ Email _____

Father's Address (if different from above) _____

Mother's Name _____ Occupation _____ Work # _____

Cell # _____ Email _____

Mother's Address (if different from above) _____

Current Marital Status: (Circle One) Married Separated Divorced Widowed

Child Lives with: ___Mother and Father ___Mother ___Father

Which church do you currently attend? _____

How old will your child be on July 1st _____

Please indicate the class schedule of your choice by 1 for first choice and 2 for second choice.

Mother's Morning Out (Must be 1 by July 1st)

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday

Monthly tuition: \$125 one day per week or \$155 for two days per week Registration Fee: The same as one month tuition

Two Year Olds (Must be 2 by September 1st)

___Monday/Wednesday ___Tuesday/Thursday ___Add Friday

Monthly tuition for 2 days per week: \$155 Registration Fee: \$155

Monthly tuition for 3 days per week: \$175 Registration Fee: \$175

Three Year Olds (Must be 3 by September 1st)

___Monday/Wednesday ___Tuesday/Thursday ___Add Friday

___Tuesday/Wednesday/Thursday ___Add Monday ___Add Friday ___Add Monday & Friday

Monthly tuition for 2 days per week: \$155 Registration Fee: \$155

Monthly tuition for 3 days per week: \$175 Registration Fee: \$175

Monthly tuition for 4 days per week: \$215 Registration Fee: \$215

Monthly tuition for 5 days per week: \$240 Registration Fee: \$240

Four Year Olds (Must be 4 by September 1st)

___Monday - Thursday ___Monday - Friday

Monthly tuition for 4 days per week: \$215 Registration Fee: \$215

Monthly tuition for 5 days per week: \$240 Registration Fee: \$240

Kindergarten (Must be 5 by September 1st) ___Monday-Friday

Monthly tuition is \$275 per month for 12 months/first payment is due June 1. All Fees are nonrefundable/nontransferable.

Registration fee is \$275

Any known food allergies _____

Has your child attended day care or other preschool? _____

Day Care/Preschool _____ **Length of time** _____

Waiver of Liability

Should my child become ill or injured during the time he or she is in the care of Celebration Academy, I understand the school's policy will be as follows:

1. The school shall attempt to contact me.
2. In event the school is unable to contact me, the school shall attempt to contact the persons listed on the clinic card.
3. Should this fail, the school shall be authorized to secure such medical attention and care for my child as deemed necessary.

I also give permission for my child to take part in all activities at Celebration Academy, and will not hold Celebration or its employees or its volunteers liable to me or my child because of any injury to my child at school or during any school activity.

Signed _____ Date _____

Doctor/Pediatrician _____ Phone # _____

Medical Facility Preferred _____

*****IT IS THE RESPONSIBILITY OF THE PARENT TO INFORM US OF ANY CUSTODY ISSUES THAT MIGHT CONCERN THE PRESCHOOL AND/OR YOUR CHILD.*****

Siblings' names:

Birthday

School:

- 1.
- 2.
- 3.

Office information: Registration Fee: ___/___/___ Processed (Initial) ___/___