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| **ENROLLMENT FORM**  **CHILDRENS DISCOVERY CENTER’S**  **2020 – 2021 SCHOOL TERM** |

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**NAME OF STUDENT**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **MALE**\_\_\_\_\_\_ **FEMALE**\_\_\_\_\_\_

(Circle the name that your child is familiar with.)

**BIRTH DATE**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PREVIOUS SCHOOL ATTENDED**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please mark your choice below: Classes available for ages 3 through 6**

**Full day Pre-Kindergarten Class Full day class 8:15 a.m. - 3:00 p.m. \_\_\_\_\_\_\_\_\_\_**

**Full day Kindergarten Class Full day class 8:15 a.m. - 3:00 p.m. \_\_\_\_\_\_\_\_\_\_**

**Before and After School Care: 7:00 – 8:15 a.m.\_\_\_\_ 3:00 – 5:00 p.m.\_\_\_\_\_\_ Both\_\_\_\_\_\_\_**

**Before care - $60.00 After care - $100.00 $160.00**

**2020-2021 MONTHLY TUITION/ENROLLMENT INFORMATION**

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| **Full Day Pre-Kindergarten**  **Kindergarten** | **Monthly tuition is $635.00 per month**  **(September to May)** |

**\*This tuition amount remains the same during the time the student is enrolled in CDC.**

**This is a flat monthly rate not subject to change due to holidays, breaks, days off, etc., with the exception of August.**

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| **\*A payment of $300.00 is due August 1st for August tuition. \*** |

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| **REGISTRATION, SUPPLY, and SNACK FEE: $350 This is a one-time payment due at time of enrollment.**  **This amount is non-refundable.** |

**TO ENROLL: Please return this form along with the $350 payment for fees listed above to CDC.**

Check, cash, Visa and MasterCard accepted. Push pay is an option and can be located @ fbcirving.org under “Giving”.

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**PLEASE FILL OUT THE PARENT INFORMATION BELOW:**

**FATHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C\_\_H\_\_W\_\_**

**E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C\_\_H\_\_W\_\_**

**MOTHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C\_\_H\_\_W\_\_**

**E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ C\_\_H\_\_W\_\_**

**ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Apt. # City State Zip Code**

**If different from above: ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Street Apt. # City State Zip Code**

**SIGNATURE OF PARENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SCHOOL INFORMATION: Date form was received\_\_\_\_\_\_\_\_\_\_\_\_ Deposit received \_\_\_\_yes \_\_\_\_no**

**Amount received\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check\_\_\_\_\_\_\_\_\_\_\_\_ Cash\_\_\_\_\_\_\_\_\_\_\_ Balance\_\_\_\_\_\_\_\_\_\_\_\_\_\_**