

CARMAN-AINSWORTH COMMUNITY EDUCATION
PREKINDERGARTEN/PRESCHOOL &
CHILD CARE/WRAPAROUND
Application for Enrollment 2015/2016 School Year

PLEASE PRINT CLEARLY

Child's Name _____ Application Date _____
Last First Middle Today's Date

Home Phone # _____ Other/Emergency Phone # _____

Cell Phone _____ Pager _____

Home Address _____
Street # Street Apt/Lot # City Zip Code

Child's Age _____ Child's Date of Birth ____/____/____ Sex: M F
As of today mm/dd/yy

Parent(s) Name _____

Child's Physician's Name _____ Phone # _____

Child Care/Wraparound	Prekindergarten	Preschool
Time ____ in ____ out Days: M T W R F	PreK 9:00-Noon PreK 12:30-3:30	Preschool 9:00-Noon Preschool 12:30-3:30

(Office Use Only: Please write date, check # or cash, initial and attach pink receipt)

REGISTRATION (non-refundable) Deposit \$25 _____
 Payments are due by 9:00 a.m. every Monday. If any payment is not made by your child's start time there will be \$10 late fee. If you become more than one week delinquent your child will not be permitted to attend Class until the payment has been received.

Card Number _____ Exp. Date _____

 Signature or Name on Card