

Rhymes & Reasons _____

Fall Enrollment Application School Age Children (Kindergarten through Fifth Grade)

Date _____

Check No. _____

Child's Name _____ Age _____ Birthday _____

Parent/Guardian Names _____

Address _____

Daytime Phone No. _____ Evening Phone No. _____

Grade that Child is Entering _____ Elementary School _____

What day will you need to begin care? _____

My child will need the following care: Before After Before/After

Circle the Days that Your Child Needs Care:

M T W Th F

I understand that regular tuition is to be paid by check or money order every Monday regardless of vacations, illness, or other absences.

List Allergies: _____

Comments: _____

Parent Signature _____ Date _____

All enrollees- please complete and return this form along with a \$30.00 registration fee. A separate form must be completed for each child in your family that you are enrolling.