



Enrollment Form

Child's Information

First Name:	Middle Name:	Last Name:
Address:	City/State/Zip:	Birthdate:
Lives with:	Phone:	

Parent's Information

Parent Name:	Address:
Phone:	Email:
Parent Name:	Address:
Phone:	Email:

Schedule

	Drop Off:	Pick Up:
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Ages 3 and Up:

- 5 Days \$935.00
- 4 Days \$815.00
- Best Beginnings

2-3 Years Old:

- 5 Days \$980.00
- 4 Days \$900.00
- Best Beginnings

Infant:

- Under 1 \$1,200.00 (Flat Rate)
- 12-24 Months \$1,000.00 (Flat Rate)
- Best Beginnings

SIGN _____

DATE _____

