

Little Garden Preschool

7149 La Val Ct., Carmichael, CA 95608 (916) 333-2785
Application/Enrollment Form

Child's name _____ Birthdate _____
 Mother's name _____ Cell Tel: _____
 Address _____
 E-mail _____ Home Tel: _____
 Place of work _____ Days/Hours _____

Father's name _____ Cell Tel: _____
 Address _____
 E-mail _____ Home Tel: _____
 Place of work _____ Days/Hours _____

List siblings (name, age, school & grade) _____

Indicate the days and hours you would like care. For 2 days choose Thurs. Fri. and for 3 days choose Mon. Tues. Wed. if possible to help with scheduling:

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
8:30 - 12:30					
12:30 - 5:00					

Children may arrive from 8-8:30 when necessary for a parent to get to work on time.
 Are you flexible about which days and hours you are requesting care? _____

Please enroll my child for the school year which begins on Tuesday, 9/1/15.

My child will attend _____ days per week from the hours of _____
 I agree to pay the tuition of \$ _____ a month in 10 payments due on the first of each month starting September 1, 2015.

I/we have enclosed a nonrefundable deposit/supply fee of \$150 with this form.
Checks should be made payable to Cynthia Lambert.

Signature of parent(s) _____ Date _____
 _____ Date _____
 Signature of director _____ Date _____