

community seedlings

a reggio-inspired preschool



Application for Enrollment
2019-2020

License #304371105

Child's Name: _____ Birth Date: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian 1: _____ Parent/Guardian 2: _____

Previous School Experiences: _____

How did you hear about us? _____

Please indicate the program(s) you would like for your child:

PROGRAM	FULL DAY (8:30AM - 3:00PM)	HALF DAY (8:30AM - 12:30PM)
5 Academic Days (M - F)	<input type="checkbox"/> \$10,013/\$1,013 per month	<input type="checkbox"/> \$8,820/\$882 per month
3 Academic Days (M, W, F)	<input type="checkbox"/> \$8,560/\$856 per month	<input type="checkbox"/> \$6,930/\$693 per month
2 Academic (T, TH)	<input type="checkbox"/> \$6,830/\$683 per month	<input type="checkbox"/> \$5,410/\$541 per month

Extended Daycare Program (AM and/or PM) \$175/month
 Non-Refundable Registration Fee: \$175 due with application.
 Deposit: \$200 due August 5th, 2019 (deposit is applied to June's installment.)
 Please make checks payable to: **Community Roots Foundation**

I understand that tuition is annual based on the number of days in the school year and divided into 10 monthly installments. I understand that a 30 day written notice is required should I choose to withdraw my child(ren). I understand that tuition is due on the 1st of each month and that a late fee will be assessed for any tuition paid after the 5th of the month.

Signature of Parent of Guardian: _____ Date: _____

To ensure your child's enrollment, please sign above, attach your registration check and mail to:
Community Seedlings Preschool, 23802 Avenida De La Carlota, Laguna Hills, CA 92653
949.215.5355

OFFICE USE ONLY

Date of Acceptance: _____ Registration fee paid: _____ Check #: _____ Start Date: _____
 Program: _____ Room Assignment: _____ Enrollment Package: _____