



community seedlings

a Reggio-inspired preschool



**Application for Enrollment
SUMMER 2020**

License #304371417

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:

SUMMER OPTIONS

FULL DAY (8:30AM - 3:00PM)

HALF DAY (8:30AM - 12:30PM)

<input type="checkbox"/> Week 1 - July 13 - 17	<input type="checkbox"/> \$245/Week	<input type="checkbox"/> \$185/Week
<input type="checkbox"/> Week 2 - July 20 - 24	<input type="checkbox"/> \$245/Week	<input type="checkbox"/> \$185/Week
<input type="checkbox"/> Week 3 - July 27 - 31	<input type="checkbox"/> \$245/Week	<input type="checkbox"/> \$185/Week
<input type="checkbox"/> Week 4 - August 3 - 7	<input type="checkbox"/> \$245/Week	<input type="checkbox"/> \$185/Week
<input type="checkbox"/> Week 5 - August 10 - 14	<input type="checkbox"/> \$245/Week	<input type="checkbox"/> \$185/Week

Extended Care Hours 7:00AM - 6:00PM, \$50/Week

Non-Refundable Registration Fee: \$35 due with application.
Please make checks payable to: **Community Roots Foundation**

Signature of Parent of Guardian: _____ Date: _____

To ensure your child's enrollment, please sign above, attach your registration check and mail to:
27002 Camino De Estrella, San Clemente, CA 92624

OFFICE USE ONLY

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