

Castle Kids **Early Learning Center** Preschool Application

Child's Name _____ Gender _____ Age _____ DOB _____

Mom's Name _____ Dad's Name _____

Address _____

City _____ Zip code _____ Home phone _____

Dad: Work # _____ Cell # _____ Email _____

Mom: Work # _____ Cell # _____ Email _____

Please select the program your child will be attending:

Due to the academic emphasis of our morning in our four-year-old program, we recommend the 5-day option so that your child can gain the most from the experience.

Desired Start Date: _____

Full Day Preschool (8:15 – 3:15)

5 days per week

4 days per week M T W T H F

3 days per week M T W T H F

2 days per week M T W T H F

Half Day Preschool (8:15 – 11:45)

5 days per week

4 days per week M T W T H F

3 days per week M T W T H F

2 days per week M T W T H F

Before School Care (7:30 – 8:00 a.m.) – On a regular basis*

After School Care – On a regular basis (Also available on an as needed basis)

3:30 – 4:00 p.m.

3:30 – 5:00 p.m.

All fees and first month's tuition must be paid prior to the child starting class.

****You must submit a copy of your child's birth certificate and shot & health record****

Additional information about your child: _____

Parent Signature

Date