



Registration Form

I wish to enroll my child in the following program at the Academy of Early Learning:

Child Name _____ Date of Birth _____

Parent Names _____

Address _____

Phone _____ Email _____

Desired Date of Enrollment _____ Full or Part Time _____

Please list the approximate days and hours you would like your child to attend:

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Weekly Fee _____

There is a \$50 non-refundable registration fee per child which is due at the time of enrollment. This fee will hold a spot in the program for your child. Please read the fee structure attached to this enrollment form as well as the Financial Policies in our Parent Handbook. If you have any questions please let our Director know.

Parent Signature

Date

319.310.2922

director@academyofearlylearning.net

ACADEMY OF EARLY LEARNING