

ASBURY PRESCHOOL



a community of caring & learning

Today's date: _____
Preferred start date: _____

Initial Enrollment Application

A \$150.00 application fee must be turned in with this form. This fee is non-refundable and does not guarantee a space. All forms and a current immunization record and physical must be turned in prior to child's first day of enrollment.

Personal and Family Information

Child's Full Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

Parent's/Legal Guardian's Name: _____ Relationship to child: _____

Address if different from child's: _____

Home Phone if different from child's: _____ Cell number: _____

Employer: _____ Work Number: _____

Email: _____

Parent's/Legal Guardian's Name: _____ Relationship to child: _____

Address if different from child's: _____

Home Phone if different from child's: _____ Cell number: _____

Employer: _____ Work Number: _____

Email: _____

Child lives with: _____ How did you hear about our center? _____

Parents'/Guardians' Pledge

I agree to read the Asbury Preschool Handbook and to support the school in enforcing its policies and rules.

By signing below, I am indicating that all information provided within the application is true and accurate.

I understand that the \$150.00 application fee is non-refundable and does not guarantee a space in the program. I understand when a space becomes available I will be given the start date and asked to pay for a full months tuition as a deposit to hold the space for my child. If I choose to not take the space after the deposit is paid it is non-refundable, otherwise it will be applied to my first month of tuition.

Parents'/Guardians' signature Date

Director's signature Date

Application fee paid: _____
Check #: _____
Date paid: _____

Child's scheduled visit: _____

Child's developmental placement level:
 Infant Toddler Two's Pre-K I Pre-K II