



NAME	
DATE OF BIRTH	
GENDER	<input type="checkbox"/> Male <input type="checkbox"/> Female

Enrollment Form 2024-2025

FATHER:		Cell Phone:
Mailing Address:	City:	Zip:
Email:		
Place of Employment:	Occupation:	Business Phone:

MOTHER:		Cell Phone:
Mailing Address:	City:	Zip:
Email:		
Place of Employment:	Occupation:	Business Phone:

What is the best number to reach your family while your child is with us?

Marital Status:	Child lives with:
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Names and ages of siblings:

Teacher: (if previously enrolled at First School)

LIST ALL ALLERGIES AND PRECAUTIONS/TREATMENTS (if any are listed, medical checklist is also required):

List any relevant medical conditions and/or hospitalizations:

EMERGENCY CONTACTS (OTHER THAN PARENTS) WHO MAY PICK UP YOUR CHILDREN:

1	NAME: ADDRESS:	RELATIONSHIP: PHONE:
2	NAME: ADDRESS:	RELATIONSHIP: PHONE:
3	NAME: ADDRESS:	RELATIONSHIP: PHONE:

Child's Doctor:	Phone Number:
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Permission to use photographs or video of your child in our promotional materials: Yes No

How did you hear about First School?

FOR OFFICE USE ONLY Letter Sent _____ W/D B e H EX M

Plan: LWM 2.5 (MW/T-TH) 3 (MWF/TH) 4 (MWF/TH/5-day) Young 5's K ENR(MWF)

Date of Admission _____ Teacher _____ LB M T W R F

PLEASE COMPLETE BOTH SIDES OF THIS FORM
Please bring the completed form to the office or mail it with your registration check to hold your child's spot.

Base Classes <i>Please circle the age group of your child.</i> Morning programs: 8:40-11:10 Afternoon programs: 11:45-2:15 (K is 11:30-2:15)	Rank 1 st , 2 nd , 3 rd choices	Nine Month installment pricing for MORNING Please call for pricing	Nine Month installment pricing for AFTERNOON Please call for pricing	Indicate your choice
Tuesday Learn With Me	2			
T/TH A.M. 2 ½, 3 (M/W A.M. for 2 ½ class)				
Tuesday/Thursday Afternoon	3			
Monday/Wednesday/Friday Morning	3 4			
Monday/Wednesday/Friday Afternoon	3 4			
5 Day Program Morning	3 4			
5 Day Program Afternoon	3 4			
Young 5's (Morning or Afternoon) 8:40 – 11:10 or 11:45-2:15				
Afternoon Enrichment on MWF (for 4's, 5's and K students from other districts)				
2 days per week				
3 days per week				
LUNCH BUNCH 11:10 – 12:45 (for 3 year old classes and above) <i>Please circle days you would like to attend.</i>				
Lunch Bunch 1 day	M T W Th F		48.00/month	
Lunch Bunch 2 days	M T W Th F		92.00/month	
Lunch Bunch 3 days	M T W Th F		132.00/month	
Lunch Bunch 4 days	M T W Th F		171.00/month	
Lunch Bunch 5 days	M T W Th F		198.00/month	
Registration Fee NON-REFUNDABLE	Annual fee to cover cost of administrating enrolling child: 10% discount for siblings: Families with 2 or more children enrolled in the same year receive a 10% tuition only discount on the child with the lesser tuition.* Military Discount 5% for active military personnel.*			65.00 58.50
Fee	Total Monthly			

Enrollment is for the entire school year. Tuition is payable in **9 monthly payments** per above schedule. **In the event that a student does not attend classes for any reason not satisfactory to the school, the parents shall be held liable for the tuition for the remainder of the school months.** This requirement is necessary for maintaining the quality of our educational programs. Tuition for days missed due to minor illness, inclement weather, or vacation trips will not be refunded. Extended vacation trips tuition discounts will be handled on a per case basis. Bills are sent on the 15th of the month **beginning August 15. Payment is due by the end of each month.** Winter Break and Spring Break are not included in tuition. Scheduled closings such as W.O.E.A. Day, Thanksgiving, Parent Conferences, etc. have been scheduled in the established term rate. **A 2% discount will be applied if the full year's tuition is made in one payment by 8/1/24 .**

*No other discounts will apply. Available only for Academic Tuition (does not include special programs and Lunch Bunch)

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____