



THE BOULEVARD SCHOOL

NURSERY * KINDERGARTEN * SUMMER CAMP

TODDLER CARE

ENROLLMENT FORM AND AGREEMENT

(This is a contract for enrollment in The Boulevard School - read before signing)

- Billing Class (F)
- Computer Packet given

DEPOSIT:

R/O _____

Paid _____ Date _____

Office use only

Quality and Excellence
In
Early Childhood Education

I/we hereby enroll my/our child _____ at The Boulevard School in the program indicated below.

I/we understand that upon return of this completed application form, together with the *non-refundable deposit*, a place will be held for my/our child. This academic school year deposit will be returned, less any outstanding balances, only upon completion of the entire school year. Failure to complete registration, to begin the school year program on the date stated below, or complete the entire school year, will result in the forfeiture of this deposit and any other monies received.

The following deposit is required to hold a place for my/our child:

- 1) Toddler/Pre-School _____ \$350
- 2) Kindergarten _____ \$500

Deposit, Tuition, Enrollment, and all other fees are non-refundable and non-transferable and can only be applied and used for the stated purposes. All fees are due in full before your child begins the school program.

As per state law, children will not be able to start unless they are fully immunized, have received some but not all required immunizations doses and are not currently due, or have a written medical exemption from a licensed physician (M.D. or D.O).

I/we have read the above statements and agree to the policies set forth by The Boulevard School; my/our signature(s) herein below acknowledges receipt of the program for the coming school year, including the tuition schedule and charge itemization and I/we have retained a duplicate copy of this enrollment form and agreement.

Parent or guardian's signature _____ Date _____

PLEASE PRINT NEATLY AND CLEARLY:

CHILD'S NAME _____ HOME PHONE _____

ADDRESS _____ CITY _____ ZIP _____

MOTHER'S NAME _____ OCCUPATION _____ CELL PHONE _____

WORK PHONE _____

FATHER'S NAME _____ OCCUPATION _____ CELL PHONE _____

EMAIL ADDRESS FOR BILLING/CORRESPONDENCE _____ WORK PHONE _____

CHILD'S BIRTHDATE _____ AGE AS OF 9/1/18 _____ YEARS _____ MONTHS BOY/GIRL POTTY TRAINED: Y / N

Extended Daycare

CHILD TO BEGIN ON _____		half	full	<u>Extended Daycare</u>	
		day	day	AM	PM
Toddler Program half days (8:35am-12:00noon)	_____	_____	_____	7:30-8:35am	3:00-6:00pm
2 and 3 year old Program half days (8:35am-12:00noon)	_____	_____	_____	_____	_____

Toddler Program full days (8:35am- 3:00pm)	_____	_____	_____	_____	_____
2 and 3 year Program full days (8:35am- 3:00pm)	_____	_____	_____	_____	_____
4-6 year old Program full days (8:35am- 3:15pm)	_____	_____	_____	_____	_____

DAYS OF PROGRAM Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

* Tuesday/Wednesday/Thursday programs are not offered

I heard about The Boulevard School via: ___Friend ___ Educational Publication ___ School Website ___ Web search on _____