



### Intent to Enroll

Your Name: \_\_\_\_\_ Tour Date: \_\_\_\_\_ Tour Guide: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

First Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Second Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Has your child been diagnosed with a developmental delay? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Is your child receiving any services? If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Does your child have an IFSP/IEP? \_\_\_\_\_

**\* Registration Fees and Tuition Deposits are non-refundable \***

-----

Anticipated Start Date: \_\_\_\_\_ 20\_\_ I am flexible with my schedule \_\_\_\_\_

Anticipated Schedule: FT \_\_\_\_\_ PT \_\_\_\_\_ DAYS: M T W TH F

Classroom: \_\_\_\_\_

Registration Fee: \_\_\_\_\_ Paid: \_\_\_\_\_

Quoted Tuition: \_\_\_\_\_ Paid: \_\_\_\_\_

Tuition Deposit: \_\_\_\_\_ Paid: \_\_\_\_\_

Please sign and date:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*