



100 Mona Terrace
 Fairfield, Ct. 06824
 Tele. 203-259-1327
 FAX: 203-259-7908
 Email: acgpreschool@aol.com
www.achildsgarden.net

REGISTRATION/ENROLLMENT FORM - PLEASE PRINT

DATE: _____ START DATE: _____ NEW ENROLL: _____ RE-ENROLL: _____

CHILD'S NAME: _____

Date of Birth : _____ Please Circle: Male or Female

Parent/Guardian Name: _____ Cell: _____ Work: _____

Parent/Guardian Name: _____ Cell: _____ Work: _____

Home Address: _____

Street town zip

Home Phone: _____ How did you hear about us? _____

Is your child potty trained: Yes or No Known allergies: _____

ENROLLMENT OPTIONS: CHECK APPROPRIATE AGE GROUP

- ___ Infant – Toddlers: Full Days only, Minimum of 2 days per week
- ___ Three Year Olds: Minimum of 2 days per week
- ___ Four Year Olds: Minimum of 3 days per week
- ___ Alternative Kindergarten: Minimum 3 days per week

Please indicate (F) Full Days (M) Mornings
 ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

My family's name, address, email and telephone number may be included on a class list YES NO
 My child's picture may be posted on A Child's Garden website: YES NO

Please print your email addresses: _____

Due at the time of registration: New Enrollment Registration Fee - \$100.00 per family – NON REFUNDABLE
 Renewal Fee \$75.00 per family – NON REFUNDABLE
 Alternative Kindergarten \$100.00 per family – NON REFUNDABLE
 Security Deposit (one weeks tuition) _____

Security deposit will be applied to your child's last week of attendance
 (Provided the required 30 day written notice was given)

I agree to give a 30 day advance written notice to reduce my child's enrollment or withdraw from the program. If I fail to give the thirty day notice I will be responsible to pay the tuition at the full amount.

My signature below is my agreement to the terms above.

Parent/Guardian Signatures: _____
 (Print) (Sign)

 (Print) (Sign)

Office Use Only
 Reg. Pd. _____
 Sec. Pd. _____
 Date _____
 Check # _____
 Check Total _____
 Initials _____