100 Mona Terrace
Fairfield, CT 06824
Telephone: 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 Code

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 **Facebook**: 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 week's 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_____