New Student Application

2023-2024 "Let the adventure begin"

		()	Steps			
Child's Full Name		\	Academy			
Date of Birth	Phone :					
Parent's Address:						
Email:						
Parent Name (printed)						
Signature						
I wish to enroll my child for Preso	chool as follows:					
Specify desired program: Ones O Too	ddler A O Toddler B	O Pre-KA	O Pre-K B			
Full-Time-	Mon thru Fri	7:00am – 5:30pm				
Part-Time-	Mon thru Fri	8:00am – 11:30am				
Part-Time- Specify desired days:	3 days per week y O Wednesday O Thursday	· ·				
Registration and Fees *Due at time of	enrollment (non-refundable)					
Full or Part time enrollment* Family rate (2+ children) Sibling Discount- 10% off Oldest Child's tuition	\$175.00 Registration \$275.00 Family Registration \$25.00 annual supply fee charged each August					
Of	fice use only					
Date Signed	Anticipated start date					
Registration fee due by	# spot on waitlist:					

New Student VPK Application

2023-2024 "Let the adventure begin"

Date Registration was Paid _____

Child's Full Name					Academy	
Date of Birth		*Child must	be 4 by Septer	nber 1 st		
Parent's Address:						
Email:						
Parent Name (printed)						
Signature					_	
I enroll my child for VPK a VPK School Or Specify desired	lly (3hrs per day)	FREE	·		VPK Certificate) 12:30pm-3:30pm	
VPK Full Time: Full day stude	ents are placed i	n an AM VP	K class w/ afte	rcare to foll	ow	
Specify extended care needed:	→ After VPK→ Before & After		11:30am up 7:00am up t	•		
ELC Issued VPK VOUCHER (certi	ficate of eligibility) * Applies to	all students			
An instructional email for additional	information on how	to apply for yo	our child's vouche	r will be sent		
Registration *Due at time o	f enrollment (non-re	efundable) * <i>f</i>	Applies to Full Tin	ne Students o	nly	
Full or Part time enrollment* Family rate (2+ children) Sibling Discount- 10% off Oldest Ch	\$2		stration ly Registration upply fee charged	l each August		
Office use only						
						

Voucher for the VPK Program turned in