



APPLICATION FOR ENROLLMENT

NAME OF CHILD: \_\_\_\_\_

BIRTH DATE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE : \_\_\_\_\_ E-MAIL \_\_\_\_\_

CELL # \_\_\_\_\_ DO YOU TEXT? \_\_\_\_\_

I have read, understand, and agree to the rules, program and conditions concerning Hillview Nursery School and request enrollment of my child. By initialing below, I confirm that my child is current with all vaccinations as required for admission. \_\_\_\_\_ (Initial)

Morning Session    \_\_\_ 5 days    \_\_\_ 3 days (Mon.Tue.Thurs)    \_\_\_ 2 days (Wed.Fri.)

Afternoon Session    \_\_\_ 5 days    \_\_\_ 4 days (Mon. through Thurs.)

A \$50.00 registration fee and a \$100.00 tuition deposit per child is submitted herewith. I understand that both these fees are non-refundable and non-transferable with no exceptions. By initialing, I fully understand this refund policy \_\_\_\_\_ (Initial)

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_