



Enrollment Application

Chil(ren) Information:

Name of Child: _____

Gender: M/F

Date of Birth: _____

Name of Child: _____

Gender: M/F

Date of Birth: _____

Name of Parents/Guardian: _____

Address: _____

City/Town: _____ Zip Code: _____

Telephone Number(s):

Email: _____

How did you learn about Early Childhood School of Georgetown?

Program Information

Desired Program (Please check all applicable)

_____ Infant _____ Toddler _____ Preschool _____ Pre-K

Desired Days:

___ Tuesday _____ Wednesday _____ Thursday _____ Friday

Desired Attendance:

_____ 8:30 AM – 4:30 PM

_____ 7:00 AM - 5:00 PM (10 hour day)

_____ 7:30 AM – 5:30 PM (10 hour day)

I understand that this information is processed once the \$75 application fee is received with the enrollment application. Once availability is determined you will be contacted about a tuition quote and start date. A one-month non-refundable deposit is due once we confirm availability. Deposit is applied to your last month.

Requested Start Date: _____

Parent/Guardian Signature: _____

For Internal Use:

Date Application Received: _____

Date Deposit Requested: _____ Deposit due: _____

Deposit Received: _____