

Asbury Early Learning Center

Tour Date: _____

Pre-Registration Form

Child's Name: _____ Birthdate: ____/____/____ Gender: Boy Girl

Address: _____

City/Zip Code: _____ County: _____

Parent Information

Parent 1: _____

Phone Number: _____

Email: _____

Parent 2: _____

Phone Number: _____

Email: _____

New Student Enrollment Fee: \$275 Non-Refundable (see below for VPK Only)

Annual Registration Fee: \$150 per child or \$225 per family

Please indicate the class/days below:

___ Toddler Class (must be 1 by 9/1/2022 & walking)

___ Two's Class (must be 2 by 9/1/2021)

___ Three's Class (must be 3 by 9/1/2020 & potty trained)

___ VPK Class (must be 4 by 9/1/2019)

School Hours 9am-1pm - Choose how many days per week

___ 2 days M T W TH F (circle 2 days) only toddlers & two's

___ 3 days M T W TH F (circle 3 days)

___ 4 days M T W TH F (circle 4 days)

___ 5 days Monday-Friday

___ VPK* Monday-Thursday (9am-1pm)

Optional Care (VPK Only)

___ VPK* Plus+ Monday-Friday (9am-1pm)

VPK* ONLY: There are no registration fees for VPK. Parents are responsible for verifying & signing their child's VPK Monthly Attendance Document at the end of each month. Supplies requested are greatly appreciated.

For Office Use Only

Registration Fee Paid Date: _____ Amount: _____ Check/CC: _____ Date Enrolled: _____