



SANDCASTLE CLINICAL AND EDUCATIONAL SERVICES

PRESCHOOL ENROLLMENT APPLICATION

Child's First Name: _____ Last Name: _____

Address: _____
Street City Zip

Date of Birth: _____ Male Female

Email Address: _____

Father/Legal Guardian's Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Employer's Address _____ Cell Phone: _____

Mother/Legal Guardian's Name: _____ Home Phone: _____

Employer: _____ Work Phone: _____

Employer's Address _____ Cell Phone: _____

Student lives with (check all that applies):

Father Mother Stepfather Stepmother Other _____ (Relationship)

Parents are: Residing Together Divorced Separated Father Deceased Mother Deceased

Sisters and brothers (names & ages) _____

Does your child have a physical or emotional health problem of which the school should be aware? (This may include special diets, prescriptions, allergies, counseling, or limitations on normal activities.) ____Yes ____No

If yes, please specify: _____

I would like to enroll my child in the following class:

- Full Week A.M. P.M.
- Monday/Wednesday/Friday A.M. P.M.
- Tuesday/Thursday A.M. P.M.

We will do all we can to place your child as indicated. If that particular class is filled, we will make an alternate placement. So that we do this satisfactorily, please indicate below if there are times (A.M. or P.M.) or days which are not appropriate or possible for your child:

When we receive this form and your \$20 registration fee (first payment, non-refundable), your child's slot will be reserved.

TUITION: 2 classes per week - \$30 week
3 classes per week - \$45 week
5 classes per week - \$75 week
Full day/full week - \$150 week

Be sure to read the "Enrollment" and "Tuition & Payment Policies" sections in Sandcastle's Family Handbook

Date: _____ Father/Legal Guardian's Signature: _____

Date: _____ Mother/Legal Guardian's Signature: _____

