

ECP Enrollment Options

Child's Name _____ **Birth date: Month** ____ **Day** ____ **Year** ____
My child's age as of August 31 will be ____ **year(s) and/or** ____ **months.**

Priority Status

Currently enrolled Yes _____
 Sibling currently enrolled Yes _____
 Edenton St. Church member Yes _____
 General registration Yes _____

Please place a **1** beside your first class placement choice. If you have a second preference please place a **2** beside that choice. Please note the registration fee is **nonrefundable** upon placement of a child whether it is a first choice or a second choice placement.

| <u>Child's Age</u> | <u>Class</u> | <u>Enrollment Options</u> | | |
|--------------------|--------------|---------------------------|-----------|-----------|
| 2 mos.-12 mos. | Infants | MWF _____ | TTH _____ | M-F _____ |
| 1 yr.-24 mos. | Toddlers | MWF _____ | TTH _____ | M-F _____ |
| 2 yrs.-3 yrs. | Twos | MWF _____ | TTH _____ | M-F _____ |
| 3 yrs.- 4 yrs. | Threes | MWF _____ | TTH _____ | M-F _____ |
| 4 yrs. - 5 yrs. | Pre-K | | | M-F _____ |

Release Statements

I give my permission for my child's picture and name to be used for information purposes and to promote the understanding of quality childcare.

Parent/Guardian _____ **Date** _____

I agree to pay Edenton St. ECP the monthly tuition by the fifth of each month. Failure to do so may result in my child's withdrawal. A one- month notice is required prior to a child's elective withdrawal. Parents are responsible for one-month tuition if a one-month notice is not given.

Parent/Guardian _____ **Date** _____

Please include my child in the yearly Early Childhood Program directory.

Parent/Guardian _____ **Date** _____

I understand that the ECP is an "allergy aware" environment and I will not be able to bring in any items containing nuts of any kind. I may also be asked to abstain from other foods we well for the safety of the children in my child's classroom.

Parent/Guardian _____ **Date** _____