

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 to be posted on the ECP MemberHub. This is our private, secure site for current ECP parents only.

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** _____

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 as well for the safety of the children in my child's classroom.

Parent/Guardian _____ **Date** _____