

ARCADIA PRESCHOOL ACADEMY

REGISTRATION FORM

STUDENT INFORMATION					
Last		First		Middle	
Date of Birth		Sex (M/F)		Age	
Name of child's previous school					
Reason for leaving					
PARENT INFORMATION					
Full Name				Relationship	
Home Address				e-mail	
Employer Name & Address					
Occupation			Social Security Number		
Tel (Home)		Tel (Work)		Tel (Cell)	
PARENT INFORMATION					
Full Name				Relationship	
Home Address				e-mail	
Employer Name and Address					
Occupation			Social Security Number		
Tel (Home)		Tel (Work)		Tel (Cell)	
PROGRAM DETAILS					
5 Full Days <input type="checkbox"/>	5 Half Days <input type="checkbox"/>	3 Full Days <input type="checkbox"/>			
\$1350 per month M-F 8AM-5:00PM	\$1095 per month M-F 8AM-12:30PM	\$985 per month M T W <input type="checkbox"/> W Th F <input type="checkbox"/>			
Admission Date		Drop Off Time		Pick Up Time	
How did you hear about us?	Website	Social Media	Friends	Other	

OFFICE USE ONLY

Registration Form (LIC 100)		Registration Fee	\$150 (one time)
Admission Agreement (LIC 102)		Monthly Tuition	\$
Personal Rights (LIC 613A)		Security Deposit	\$
Emergency Medical Treatment (LIC 627)		Material Fee	\$250 (annually)
Identification and Emergency Form (LIC 700)		Diaper Fee	
Physician's Report (LIC 701)		Other	
Pre-Admission Health History (LIC 702)			
Notification of Parent's Rights (LIC 995)		TOTAL	

