

ENROLLMENT APPLICATION 2024 - 2025

Child's Name		Male Fer	nale	
Address	Town	Zip		
Date of Birth	Age on September	1 st , 2024Years	Months	
PLEASE CHECK YOUR SESSION				
2 YEAR OLDS	3 YEAR OLDS	4 YEAR OLDS	KINDERGARTEN	
2 Half Day AM PM	2 Half Day AM PM	-		
2 Full Day	2 Full Day	2 Full Day	5 Full Day	
3 Half Day AM PM	3 Half Day AM PM	3 Half Day AM PM	-	
3 Full Day	3 Full Day	3 Full Day		
5 Full Day	5 Full Day	5 Full Day		
First payment (Deposit) due at Registration is the first of ten equal payments			\$	
Registration & Insurance Fee (Non-refundable applies to all sessions)			<u>\$ 65.00</u>	
4 year old Pre-K fee (for academic materials/cap/gown) <u>\$ 70.00</u>				
Kindergarten fee (for academic materials/books/cap/gown)		<u>\$125.00</u>		
		Total enclosed	\$	
If using a credit card for your deposit, please complete the following information.				
Credit Card #	Exp Da	te		
Name on Credit Card		Billing Zip Code		
For Office Use Only Roo	om Check Date	Check #		

Deposit Payment is not refundable. Should you leave before end of the school year it cannot be applied to your last payment. The tuition rate is computed per school year. It is not a monthly charge. It is payable in a deposit payment plus 9 installments, on the first of each month, for the parent's convenience. Payments received after the first of the month are subject to a \$30 late charge. The 2nd payment is due by September 1st, Payments 3-10 are due on the first of every month beginning with October 1st and ending with May 1st.

Enrollment guarantees a place in the school and tuition obligation is not dependent on attendance. If your child is absent due to sickness or to vacation time, the tuition is still due. Closing due to bad weather or other emergencies beyond the school's control will not be made up unless there are more than 5 such closings per year.

If you wish to withdraw your child, we require 30 days' notice in writing. Tuition would be due until the end of the 30 days. No withdrawals are permitted after January 1st of the school year.

Please Note: We will accommodate requests for specific teachers when possible. However, there is no guarantee. You are signing for a school program.

Parent Signature _____

Mother's Name	Father's Name		
Home Phone	Home Phone		
Work Phone	Work Phone		
Cell Phone	Cell Phone		
Mom's Email	Dad's Email		
Siblings: NameAge_	, NameAge		
NameAge_	e , NameAge		
	ility for the child if the parent is not available Name		
Telephone	Telephone		
Relationship	Relationship		
	lial parent is not included among the persons authoriz kplain on a separate sheet of paper. Please also attac as a Court Order		
Child's doctor	Telephone		
Address			
-			
 In the event of a medical emergency, I a medical care for my child as deemed nec 	authorize Yellow Duck Preparatory to seek emergency cessary by the director.		
Parent Signature	Date		
 Permission is hereby given for Yellow Du 	uck Preparatory School to use digital, photographic,		

video and audio images and likeness of student on Yellow Duck social media.

(Parent Initials)