



The Church in The Highlands ECC

Application and Registration Form

2019-2020

Child's Name: _____ DOB: _____

Address: _____

Mother/Guardian Name: _____ Father/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Primary E-mail: _____

Child's Enrollment Options (Check or circle choices)

<u>Class</u>	<u># of Days</u>	<u>Half/Full Days</u>	<u>Enrichment</u>	<u>Additional Services</u>
1 st choice _____	_____	_____	<input type="checkbox"/> Music <input type="checkbox"/> Science	Early Drop: <input type="checkbox"/> 8 <input type="checkbox"/> 8:30am M T W TH F
2 nd choice _____	_____	_____	<input type="checkbox"/> Cooking <input type="checkbox"/> Art	<input type="checkbox"/> Lunch Bunch: M T W TH F
<input type="checkbox"/> Extend Your Day	M T W TH F		<input type="checkbox"/> Fun with Friends	Late Pick Up <input type="checkbox"/> 3-4pm <input type="checkbox"/> 3-5pm M T W TH F

I am signing and returning this application with a **NON-REFUNDABLE** deposit of **\$500.00** payable to **The Church in the Highlands ECC**. (This deposit will be deducted from your tuition total) I have been informed that the first 2 monthly payments beginning in April 2019 are also **NON-REFUNDABLE**. My remaining tuition may be refunded provided my child's space is filled and the class is full.

I am also aware that a **30-day notice** is required to withdraw my child from the program. You must notify the director in writing as to why you are withdrawing your child and include the anticipated final day of school.

I agree to make all tuition payments as well as additional enrichment options that I have selected for my child. I also abide by the financial policies stated above.

Parent/Guardian Signature: _____ Date: _____

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For Office Use Only: Discounts Service Fees Other