



ENROLLMENT INFORMATION FORM (2019-20)

Child's Name: _____ Gender: _____ DOB: _____

Mother's Name: _____ Cell #: _____

Father's Name: _____ Cell #: _____

Address: _____ City: _____ Zip: _____

Email: (M) _____

(F) _____

I give permission for my child's name to be included in the class list: Yes _____ No _____

I acknowledge receipt of the ACEC Handbook: Yes _____

Are you a member of AUMC? Yes _____ No _____

If not, please indicate the name of your family place of worship: _____

How did you hear about us? _____



Program(s) of Choice:

____ *Toddlers* ____ *Twos*

____ 2 Day (T/Th) ____ 3 Day (T/W/Th) ____ 5 Day

____ *Threes* ____ *Pre-K* ____ 3 Day (T/W/Th) ____ 5 Day

***Please refer to the tuition sheet for fees.**

STATEMENT OF AGREEMENT (please initial)

____ I understand that tuition and fees are calculated on ACEC's school calendar year.

____ I understand that payments are divided into nine monthly payments.

____ I understand that Tuition, Supply/Activity, Registration, & Enrichment Class fees are non-refundable.

____ I understand that May's pre-paid tuition is due by August 1st of the current year.

____ I will give two weeks written notice before leaving the program or I will forfeit the pre-paid May tuition.

Signature of Parent/Guardian: _____ Date: _____

ACEC Office Signature: _____ Date: _____